

# PREA Facility Audit Report: Final

**Name of Facility:** Northern Region Independence & Reentry Success Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 09/23/2022

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input checked="" type="checkbox"/>  |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input checked="" type="checkbox"/>  |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/>  |
| <b>Auditor Full Name as Signed:</b> Robert Manville   | <b>Date of Signature:</b> 09/23/2022 |

| AUDITOR INFORMATION                 |                           |
|-------------------------------------|---------------------------|
| <b>Auditor name:</b>                | Manville, Robert          |
| <b>Email:</b>                       | robertmanville9@gmail.com |
| <b>Start Date of On-Site Audit:</b> | 08/01/2022                |
| <b>End Date of On-Site Audit:</b>   | 08/02/2022                |

| FACILITY INFORMATION              |   |
|-----------------------------------|---|
| <b>Facility name:</b>             | Northern Region Independence & Reentry Success Center |
| <b>Facility physical address:</b> | 461-63 Central Avenue , Newark , New Jersey - 07107   |
| <b>Facility mailing address:</b>  | New Jersey  |

| Primary Contact          |                            |
|--------------------------|----------------------------|
| <b>Name:</b>             | Nikisha Sanders            |
| <b>Email Address:</b>    | nikisha.sanders@jjc.nj.gov |
| <b>Telephone Number:</b> | 973-648-7078               |

| Superintendent/Director/Administrator |                            |
|---------------------------------------|----------------------------|
| <b>Name:</b>                          | Nikisha Sanders            |
| <b>Email Address:</b>                 | nikisha.sanders@jjc.nj.gov |
| <b>Telephone Number:</b>              | 862-350-5525               |

| <b>Facility PREA Compliance Manager</b> |                                |
|---|--------------------------------|
| <b>Name:</b>                            | Willie Smith                   |
| <b>Email Address:</b>                   | willie.smith@jjc.nj.gov        |
| <b>Telephone Number:</b>                | O: 973-648-7078                |
| <b>Name:</b>                            | Christopher Heyward            |
| <b>Email Address:</b>                   | christopher.heyward@jjc.nj.gov |
| <b>Telephone Number:</b>                | O: 973-648-7078                |
| <b>Name:</b>                            | Tanya Walker                   |
| <b>Email Address:</b>                   | tanya.walker@jjc.nj.gov        |
| <b>Telephone Number:</b>                | O: 973-648-7078                |
| <b>Name:</b>                            | Nikisha Sanders                |
| <b>Email Address:</b>                   | nikisha.sanders@jjc.nj.gov     |
| <b>Telephone Number:</b>                | O: 973-648-7078                |
| <b>Name:</b>                            | Sheryl Washington              |
| <b>Email Address:</b>                   | sheryl.washington@jjc.nj.gov   |
| <b>Telephone Number:</b>                | O: 973-648-7078                |

| <b>Facility Health Service Administrator On-Site</b> |                       |
|--|-----------------------|
| <b>Name:</b>   | Morufat Tajudeen      |
| <b>Email Address:</b>                                | Mot7@ubhc.rutgers.edu |
| <b>Telephone Number:</b>                             | (609) 313-1365        |

| Facility Characteristics  |         |
|---|---------|
| Designed facility capacity:   | 17      |
| Current population of facility:   | 7       |
| Average daily population for the past 12 months:  | 8       |
| Has the facility been over capacity at any point in the past 12 months?                                       | No      |
| Which population(s) does the facility hold?   | Males   |
| Age range of population:  | 15-22   |
| Facility security levels/resident custody levels:   | minimum |
| Number of staff currently employed at the facility who may have contact with residents:                       | 28      |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 3       |
| Number of volunteers who have contact with residents, currently authorized to enter the facility:             | 0       |

| AGENCY INFORMATION                                    |   |
|---|---|
| Name of agency:                                       | New Jersey Juvenile Justice Commission                      |
| Governing authority or parent agency (if applicable): |   |
| Physical Address:                                     | 1001 Spruce Street, Suite #202, Trenton, New Jersey - 08638 |
| Mailing Address:                                      |   |
| Telephone number:                                     |   |

| Agency Chief Executive Officer Information: |                             |
|---|-----------------------------|
| Name:                                       | Jennifer LeBaron, Ph.D.     |
| Email Address:                              | jennifer.lebaron@jjc.nj.gov |
| Telephone Number:                           | 6093760601                  |

| Agency-Wide PREA Coordinator Information |               |                |                          |
|--|---------------|----------------|--------------------------|
| Name:                                    | Jeffrey Jenei | Email Address: | Jeffrey.Jenei@jjc.nj.gov |

**SUMMARY OF AUDIT FINDINGS**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

9

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations
- 115.351 - Resident reporting
- 115.353 - Resident access to outside confidential support services and legal representation
- 115.354 - Third-party reporting
- 115.382 - Access to emergency medical and mental health services

**Number of standards met:**

34

**Number of standards not met:**

0

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2022-08-01 |
| 2. End date of the onsite portion of the audit:   | 2022-08-02 |

### Outreach

|   |   |
|---|---|
| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | New Jersey Coalition Against Sexual Abuse<br>Hudson County Rape Crisis Center<br>NJ Department of Children and Family Service |

## AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 17   |
| 15. Average daily population for the past 12 months:                             | 8  |
| 16. Number of inmate/resident/detainee housing units:                            | 1  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

|   |   |
|---|---|
| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:   | 7 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:  | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:  | 0 |

|   |                   |
|---|-------------------|
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:   | 0                 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:  | 0                 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:   | 0                 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:   | 0                 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:   | 0                 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:  | 0                 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:                                     | 0                 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | No text provided. |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>  |                   |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:   | 16                |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:   | 0                 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:  | 3                 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:   | No text provided. |
| <b>INTERVIEWS</b>   |                   |
| <b>Inmate/Resident/Detainee Interviews</b>  |                   |
| <b>Random Inmate/Resident/Detainee Interviews</b>   |                   |

|   |   |
|---|---|
| 53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:   | 7   |
| 54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)  | <input type="checkbox"/> Age<br><input type="checkbox"/> Race<br><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input type="checkbox"/> Length of time in the facility<br><input type="checkbox"/> Housing assignment<br><input type="checkbox"/> Gender<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> None |
| If "Other," describe:   | Interviewed all residents at the center.  |
| 55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?   | Interviewed all residents at the center.  |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):   | Interviewed all residents at the center.  |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>   |   |
| 58. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:   | 0   |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |   |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:  | 0   |

|   |   |
|---|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics.</p>  |
| <p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p> | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics.</p>  |
| <p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics.</p>  |
| <p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>0</p>  |



|  |   |
|--|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics.</p>  |
| <p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics.</p>  |
| <p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics.</p>  |
| <p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                       | <p>0</p>  |

|  |   |
|--|---|
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>  | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics.</p>  |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>  | <p>0</p>  |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>  | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics.</p>  |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>   | <p>0</p>  |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>  | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics.</p>  |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p>  |

|   |   |
|---|---|
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor interviewed all residents at the center. Prior to the interviews the medical, mental health, and facility superintendent and auditor discussed each resident's characteristics. The facility does not have a segregation unit.</p>   |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>   | <p>No text provided.</p>  |

**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

|  |  |
|--|--|
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>  | <p>12</p>  |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>  | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p>   | <p>Interviewed all staff at the facility during the 24 hours I was at the facility including days, evenings, and nights. This included monitors, case managers and administrators.</p>   |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p>   |

**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

|   |          |
|---|----------|
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>4</p> |
|---|----------|

|   |   |
|---|---|
| <p><b>76. Were you able to interview the Agency Head?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>78. Were you able to interview the PREA Coordinator?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>                                   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

|  |  |
|--|--|
| <p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p> | <p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p> |
| <p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>                     | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>  |
| <p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>                    | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>   | <p>1</p>   |

|  |  |
|--|--|
| <p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p> | <p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p> |
| <p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>   | <p>No text provided.</p>   |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

|   |   |
|---|---|
| <p><b>84. Did you have access to all areas of the facility?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

### Was the site review an active, inquiring process that included the following:

|  |   |
|--|---|
| <p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

|   |   |
|---|---|
| <p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

|  |   |
|--|---|
| <p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

|  |   |
|--|---|
| <p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

|  |   |
|--|---|
| <p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> | <p>During the one-day onsite tour, youth were observed to be under constant supervision of the staff while involved in various activities. PREA signage was displayed in all areas frequented by the residents. Signage has bold print and is youth friendly. The tour included all areas of the facility which included but was not limited to Intake, housing area, medical, food services, industry areas,</p> |
|--|---|

programming, and education areas. The facility was clean and well maintained. Staff announced themselves prior to entering the housing area of the opposite gender. Residents were engaging and were extremely polite when approached during the tour. All knew I was coming and were ready to discuss PREA. All residents knew each of the staff members and indicated they spoke to the superintendent on a daily basis. They indicated that she is usually at the facility every weekend and is always talking to their parents and legal guardian about their progress at the facility.

Signage was observed on doors indicating youth are not allowed in the room/area or only allowed with staff supervision. Observation of bathrooms revealed shower stall openings have shower coverings to allow residents privacy when taking showers. The restroom and shower procedures are printed and posted at the entrance of the restroom and shower area in each housing area. There are no cameras to capture showers, toilets or inside residents' rooms.

The signage posted includes instructions on accessing the 24/7 hotline for reporting allegations and requesting advocacy services for the New Jersey Coalition Against Sexual Assault (New Jersey CASA). There is no Memorandum of Understanding (MOU) with the New Jersey CASA to receive allegations of sexual abuse and sexual harassment and for the provision of advocacy services upon request. The center has RAINNS services and when contacted the national program connected the auditor to Hudson County Rape Crisis Center. The Rape Crisis Center was contacted and indicated they are close to the center and would provide victim advocacy services and emotional support through their contract with RAINNS. The CASA advocacy service was contacted and interviewed by phone and confirmed the advocacy services is provided throughout New Jersey and would coordinate with Hudson County Rape Crisis Center. Rutgers University hospital is a member of the New Jersey SANE and SART program which includes a SART program in every county in New Jersey. The SART program was described in detail on posters located throughout the facility and includes descriptions of the program and services they provide, which includes a victim advocate and the role of a victim advocate.

Documentation and interviews with the nurse and superintendent confirmed forensic medical examinations will be performed at the Rutgers University Hospital. The hospital's Sexual Assault Policy provides that a Sexual Assault Nurse Examiner (SANE) will conduct the examinations.

Questions were answered by staff during informal interviews regarding resident activities and program services as the tour progressed throughout the facility. The site visits also included the outside grounds. During the tour, the intake process was described, and the daily scheduled activities and staff supervision were discussed by the Superintendent. There were no new admissions during the site visit. Staff readily explained activities as different facility areas were visited.

Staff of the opposite gender, must announce their presence when entering the housing unit or any area where a resident shower, change clothes, or perform bodily functions. All residents interviewed stated the staff members announce their presence prior to entering the housing area. This practice was experienced and observed during the tour.

Request and Remedy Forms, and the locked boxes for each are posted in the common area, accessible to all residents, staff and visitors. All residents have access to writing utensils needed for completing the forms.

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes  
 No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The agency provided the auditor with background checks on all NJJC facility staff including five-year tenured staff and promotions. The facility provided the auditor with 12 screening instruments including screenings on all resident at the center during the audit. The facility provided the auditor with 12 orientation and comprehensive education acknowledgement statement signed by residents. All staff training acknowledgement were provided the auditor. The auditor reviewed the logbooks for unannounced rounds. There were no investigative files to review. According to the superintendent the center has not had a PREA incident in the last 12 years.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

|                                      | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual abuse</b> | 0                             | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual abuse</b>  | 0                             | 0                            | 0                                  | 0   |
| <b>Total</b>                         | 0                             | 0                            | 0                                  | 0   |



**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

|   | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual harassment</b> | 0                                  | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0   |
| <b>Total</b>                              | 0                                  | 0                            | 0                                  | 0   |

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

|                                      | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|---------------------------|-----------------------|-----------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0                        | 0                         | 0                     | 0         |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 0                        | 0                         | 0                     | 0         |
| <b>Total</b>                         | 0       | 0                        | 0                         | 00                    | 0         |

**95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                         | 0       | 0         | 0               | 0             |

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

|   | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|---|---------|--------------------------|---------------------------|-----------------------|-----------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0                        | 0                         | 0                     | 0         |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0                        | 0                         | 0                     | 0         |
| <b>Total</b>                              | 0       | 0                        | 0                         | 0                     | 0         |

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

|   | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                              | 0       | 0         | 0               | 0             |

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

|  |   |
|--|---|
| <b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>  | 0   |
| <b>a. Explain why you were unable to review any sexual abuse investigation files:</b>  | There were none to review.  |
| <b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

**Inmate-on-inmate sexual abuse investigation files**

|   |  |
|---|--|
| <b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>               | 0  |
| <b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>       | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |

| <b>Staff-on-inmate sexual abuse investigation files</b>   |   |
|---|---|
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:   | 0   |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)       |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)       |
| <b>Sexual Harassment Investigation Files Selected for Review</b>  |   |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:  | 0   |
| a. Explain why you were unable to review any sexual harassment investigation files:   | There were none to review   |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)                  |
| <b>Inmate-on-inmate sexual harassment investigation files</b>   |   |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:   | 0   |
| 109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| 110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| <b>Staff-on-inmate sexual harassment investigation files</b>  |   |

|  |  |
|--|--|
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:                         | 0  |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?                 | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)                                     |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?           | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)                                     |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | The center has not had a PREA incident in this audit cycle. A review of the last audit cycle indicated there were none from 2016 through 2019 either. The center superintendent indicated they have not had a PREA incident. |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

|   |  |
|---|--|
| 115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|---|--|

### Non-certified Support Staff

|   |  |
|---|--|
| 116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|---|--|

## AUDITING ARRANGEMENTS AND COMPENSATION

|  |  |
|--|--|
| 121. Who paid you to conduct this audit?             | <input type="radio"/> The audited facility or its parent agency<br><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<br><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)<br><input type="radio"/> Other |
| Identify the name of the third-party auditing entity | Correctional Management and Communication Group  |

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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.

|         |  |
|---------|--|
| 115.311 | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |
|         | <p data-bbox="240 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 948 389">Agency Policy (NJJJJ ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 418 813 448">NJ Division of the Deaf and Hard of Hearing's referral list</p> <p data-bbox="240 477 453 506">Organizational Chart</p> <p data-bbox="240 535 1489 828">115.311 (a): New Jersey Juvenile Justice Commission is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The agency has developed and implement policies to comply with PREA standards for Juvenile Facilities. Policies includes clearly defined definitions, and residents, staff, contractor, and volunteer roles in preventing, detecting and responding to sexual abuse and sexual harassment. The NJJJJ and other stakeholders associated with the agency are committed to preventing, detecting, and responding to sexual abuse and sexual harassment. Everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. Policies establishes that the center, staff, residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 857 1489 1088">The Policy addresses the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, performance of first responder duties, or the investigation of the allegations. Staff interviews confirmed this information. The facility utilizes the NJJJJ Office of Education for supportive services to residents with disabilities or who may be limited English proficient which was verified through the interview with the Superintendent.</p> <p data-bbox="240 1117 1489 1312">Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Reentry Success Centers' efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 1341 1489 1572">115.311 (b): New Jersey Juvenile Justice Commission employs an agency head to manage all aspect of children services for the company. The agency head employs a PREA Coordinator that oversees the efforts to comply with the PREA standards in all programs under the umbrellas of the NJJJJ. The PREA coordinator reports to the Agency Head and ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities. At Northern Regional Independent and Reentry Success Center the PREA compliance manager reports to the facility administrator. The PREA coordinator and the PREA compliance managers interviews established a high priority in making the centers a safe place for at risk children and young adults.</p> <p data-bbox="240 1601 1489 1765">115.311 (c): The center has a PREA compliance manager that oversee the implementation of all PREA standards and ensures compliance with PREA standards. In interview he indicated he had the time to conducts his duties. Not only does the center have a compliance manager, but they also have a PREA team that meets regularly to discuss PREA activities in centers and the agency. PREA training for staff occur monthly through the Compliance team. Resident indicated that training is provided weekly by a member of the Compliance team.</p> <p data-bbox="240 1794 1417 1854">Exceed compliance was determined by review of the organizational chart and interviews with the agency head, PREA coordinator.</p> |

|                |   |
|----------------|---|
| <b>115.312</b> | <b>Contracting with other entities for the confinement of residents</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Documents Reviewed:</p> <p>PREA Pre-Audit Questionnaire</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>115.312 (a) (b) A review of the documentation revealed NJJC 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.</p> |

|         |   |
|---------|---|
| 115.313 | <b>Supervision and monitoring</b>             |
|         | Auditor Overall Determination: Meets Standard |
|         | Auditor Discussion                            |



The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

PREA Pre-Audit Questionnaire

NJJJC ED:01.02- Prison Rape Elimination Act (PREA)

Northern Regional Independence and Reentry Success Center (RSC) Staffing Plan

Unannounced Rounds

115.313 (a): Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2021 were found to be in compliance with this standard. The staffing plan included: (1) Generally accepted detention and correctional/secure residential practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). (6) The composition of the resident population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The staffing plans are in depth review of each of the 11 factors that govern developing a staffing plan. The staffing plans are predicated on a population of 57 residents while the average population for the last 3 years was 10. The facility did not report deviations from the staffing plan during the past 12 months. The staff to-youth ratios of a minimum of 1: 8 during the resident waking and minimum of 1:16 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. RSC utilizes staff monitoring to protect the residents from sexual abuse and harassment. Based on conversations with the PREA coordinator and facility superintendent it was obvious that the facilities review all areas of the center for additional staffing and resident movement in order to meet the requirement of this standard. The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 8 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours. However, since the facility are required to have two awake staff at the center at all times the ratio is usually far less than the minimum required.

Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the tour of the facility a formal PREA tour and several walk throughs of the facility noted that the ratios varied from 1 to1 up to 1 to 4. There was no time that the ratio was above the required ratios.

115.313 (b): The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the pandemic the center had to reduce the resident capacity in order to provide staff that ensured compliance with the staff to resident ratios. The center also provided overtime pay and utilized management staff to me the mandates of the staff to resident ratios. The auditor reviewed the staffing schedules for the past 90 days and found that the facility was providing overtime pay for staff on a routing basis. However, there were no instances when the mandatory staff requirement was not met.

115.313 (c): RSC Policy ED:01.02 PREA mandates that the staffing plan will be reviewed and approved by the PREA coordinator at least yearly. The staffing plans were all submitted to the PREA coordinator and agency head. Each staffing plan was approved by the same staff. The PREA coordinator and agency head were interviewed and indicated they discuss the staffing plan with the facility superintendent and discuss blind spots, camera coverages and staffing deployment.

115.313 (d) The facility provided the auditor with a copy of the staffing plan for 2022. The plan included all elements of the standards and is based on a population of 12 residents. The plan included signatures of the facility superintendent, facility compliance manager, the agency PREA coordinators.

115.313 (e): RSC Policy ED:01.02 PREA unannounced rounds the facility superintendent and assistant superintendent conducts unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Each shift supervisor makes rounds several times during each shift. It is the policy of RSC that staff are not to inform other staff when the shift supervisor, facility manager are making rounds. During the tour the auditor reviewed the logbooks in all housing units and noted that the shift supervisor, and/or facility administrator had signed to logbook a minimum of one a day for the last three weeks excluding weekends. Shift supervisor had signed the logbooks on each day including weekends.

Compliance was determined by review of policies, documentation and interview with staff confirm compliance with this standard. Staff could not meet with the auditor until they were properly relieved to ensure the facility always had a 1 to 8 ratio during waking hours and 1 to 16 during sleeping hours.

|         |  |
|---------|--|
| 115.315 | <b>Limits to cross-gender viewing and searches</b>   |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 395 389">NJJC ED:01.2</p> <p data-bbox="242 418 459 448">Policy- Search Memo</p> <p data-bbox="242 477 533 506">Announcing Presence Memo</p> <p data-bbox="242 535 636 564">Training Acknowledgement Statements</p> <p data-bbox="242 593 469 622">Training Sign-in Sheet</p> <p data-bbox="242 651 376 680">Posted Signs</p> <p data-bbox="242 710 507 739">Transgender search video</p> <p data-bbox="242 768 293 797">PAQ</p> <p data-bbox="242 826 1481 913">115.315 (a): Based on interviews with staff and residents there have been no cross-gender pat down searches in the last 12 months. SDDC Part 3 Resident Search Policy mandates the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners.</p> <p data-bbox="242 943 1481 1030">115.315 (b): The facility always refrains from conducting any cross-gender pat down except in exigent circumstances. All staff interviewed indicated they have never conducted a cross-gender search. All resident interviewed stated they had never been searched by a staff of the other gender.</p> <p data-bbox="242 1059 1418 1124">115.315 (c): The facility did not have any transgender or intersex resident at the facility. All cross-gender searches are documented. According to the PAQ there were no cross-gender searches during the last 12 months.</p> <p data-bbox="242 1153 1489 1384">115.315 (d): A tour of the center found that all areas that are utilized for housing residents have necessary barriers to allow resident to shower without being viewed by person of the opposite gender and privacy from other residents during the showering process. All resident stated they are allowed to change clothes and shower in private. A review of the cameras noted there were no cameras that provided views of the shower or toilet areas in any of the units. All staff of the other gender always announce their presence when entering a housing unit. There are reminders poster placed at the entrance of each housing unit. Staff and resident confirm that staff announce their presence and will knock on the door prior to looking in during counts.</p> <p data-bbox="242 1413 1493 1711">115.315 (e): Agency Policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that If a resident's genital status is unknown, the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Prior to arriving at the compliance manager, and superintendent stated they would consult with the PREA Coordinator and would meet with the resident and take into consideration his/her sexual orientation and treat them accordingly. The center has private rooms, and private showers and toilets and indicated that a transgender or intersex detainee would be housed in the area that the resident felt most comfortable. The PREA coordinator is actively involved in supporting goal to provide a safe environment for residents and would be part of the conversation of the housing and programming plan for a transgender resident.</p> <p data-bbox="242 1740 1469 1935">115.315 (f): A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender searches in a professional and respectful manner. The training also emphasizes that cross gender searches will only be employed in exigent circumstances. Staff interviewed understood what an exigent circumstance would intel. The agency provided the auditor with a copy of the video that all staff review on at a minimum of once a year.</p> <p data-bbox="242 1964 1481 2024">Compliance was determined by review of polices, reviewing the training curriculum, reviewing staff training, memos from the facility superintendent confirming compliance with no cross-gender searches and interview with resident and staff.</p> |

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

NJJC ED:01.2, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy

Bilingual Interpreters

Video

PREA Posters in several languages

Statement of Fact

115.316 (a- c): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

The Policy addresses the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, performance of first responder duties, or the investigation of the allegations. Staff interviews confirmed this information. The facility utilizes the NJJC Office of Education for supportive services to residents with disabilities or who may be limited English proficient which was verified through the interview with the Superintendent.

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

An Interpreting and Translation Agreement is documented with the NJ Division of the Deaf and Hard of Hearing for services to residents. The evidence shows residents with disabilities and who may be limited English proficient are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All staff interviewed confirmed residents are not used as interpreters and understand prior arrangements have been made regarding language interpreters. There are staff who can speak and translate in other languages in an emergency situation. The evidence shows the facility ensures access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary.

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

According to Policy, the facility prohibits the use of resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreter services could jeopardize a resident's safety, performance of the first responder duties, or the investigation of the allegation. Staff interviews confirmed residents have not been used to relate PREA information to or from other residents in the past 12 months. There were no residents in need of an interpreter during the site visit.

The supervisor will notify the facility superintendent who will contact the appropriate community resource services.

Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters.

All special needs youth shall be offered the ability to have any rules or grievance procedures read orally and explained to them. At a minimum, the following special needs are to be addressed:

- During awake activities, these youth shall be separated from the general population or assigned to a staff who will maintain constant sight and sound supervision of the youth. During sleep time, normal supervision shall be provided.
- These youth shall be placed in sleeping rooms by themselves whenever possible. If it is not possible to provide individual sleeping rooms, they shall be placed in a room with an appropriate youth based on the classification process and selected in conjunction with the medical and mental health staff.
- Facility mental health and medical personnel shall assess youth weekly to determine any special needs. The results of the assessment, including recommendations for care, shall be reported to the Director.
- The Director or designee is responsible for ensuring necessary assistance is provided to the center to assist in meeting the needs of those youth.

Compliance was determined by the review of the documented contract for services, interviews with clinical director, compliance manager, victim advocate staff, facility superintendent and agency head.

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| 115.317 | <b>Hiring and promotion decisions</b>   |
|         | <b>Auditor Overall Determination:</b> Exceeds Standard  |
|         | <p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 413 387">NJJC ED:01.02</p> <p data-bbox="240 418 751 445">NJJC Policy 14HR:07.02 Criminal History Checks</p> <p data-bbox="240 477 400 504">Personnel Files</p> <p data-bbox="240 535 293 562">PAQ</p> <p data-bbox="240 593 1477 651">115.317 (a): The RSC shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who.</p> <ol data-bbox="240 683 1477 956" style="list-style-type: none"> <li>1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).</li> <li>2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>3. Has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.</li> </ol> <p data-bbox="240 987 1449 1149">RSC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth. Before hiring new employees, who may have contact with youth, the center shall adhere NJJC Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents. Recruitment and Selection includes background check, review of the child registry and prior employer interviews when applicable.</p> <p data-bbox="240 1180 1477 1408">RSC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. The center also conducts an interview with former employees and interviews references provided by the perspective employee. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. RSC shall require the following background checks on all staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion: 1. Criminal background or records check. and child abuse and neglect registry check.</p> <p data-bbox="240 1440 1485 1767">115.317 (b): The Agency Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to promotion or selections, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="240 1798 1493 1991">115.317 (c): During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. RSC shall require the following background checks on all staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion 1. Criminal background or records check. and 2. Child abuse and neglect registry check. The human resources staff indicated in interviewed and confirmed by reviewing personnel files that she conducts a reference check on all prospective employees. This check include any history of sexual abuse, sexual harassment including sexual harassment toward other staff.</p> <p data-bbox="240 2022 1449 2116">115.317 (d): NJJC facilities shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.</p> |

115.317 (e): Agency Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents requires the center will conduct background checks on all staff, volunteers, interns, and contractors every five (5) years, or sooner. This was confirmed by reviewing background check for staff with 5 year or more tenure at the facility.

115.317 (f): The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. As part of the refresher training, staff are advised that they have a duty to report the information in section (a).

115.317 (g): - Agency Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents mandates that employees and volunteers will report any arrest, which include any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination.

115.317 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Facility Administrator confirmed the facility would provide this information if requested to do so. The human resources director indicated that the agency reports to other law enforcement and correctional facilities any information including substantiated sexual abuse, sexual harassment, child neglect or pending investigations.

The agency conducts background check and child registry checks through the central office division of personnel. The State Director of human resources provided a document indicated they date of hire and the date of the last background checks and child registry checks. These background check included staff with over 5-year tenure and who had been promoted.

The agency does a yearly appraisal of all staff. It was recommended the agency to add the three questions to the self or supervisor yearly appraisals.

Compliance with the standard was determined by review of policies, personnel files, and interviews with Personnel supervisor agency head and facility administrator. The human resources director manages the selection process for both centers. Based on review of the spread sheet, policy and interview the human resources director, agency head, PREA coordinator and center superintendent to determine compliance with this standard.

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| 115.318 | <b>Upgrades to facilities and technologies</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>NJJC ED:01.2 –, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy</p> <p>PAQ</p> <p>According to the facility superintendent RSC has renovated parts of its camera system to include cameras that can be turned and enhanced to provide better coverage. A review of the present system was operational and provided camera coverage throughout the facility.</p> |

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| 115.321 | <b>Evidence protocol and forensic medical examinations</b> |
|         | Auditor Overall Determination: Meets Standard              |
|         | Auditor Discussion   |



The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)

Agency Policy (NJJC 13OOI: 01.04) Evidence Collection, Control and Security

Memorandum of Agreement (MOA), Rutgers University Behavioral Health Care Staff

Resident Handbook

SANE Center Rutgers University Hospital

Investigative Report

NJJC HS: 01.01 Health Services Policy Manual

NJ Coalition Against Sexual Abuse (NJCOASA)

Hudson County Rape Crisis Center

115.321 (a): According to the email correspondence with the New Jersey CASA, the supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources. The interview with the Superintendent confirmed the resident and/or facility staff members are able to utilize the victim service hotline to request a victim advocate. Hudson County Rape Crisis Center is a member of RAINNS and are part of the University Hospital SART program. According to interviews with CASA, Hudson County Rape Crisis Center would be contacted if CASA did not have a staff available to report to the University Hospital.

115.321 (b): and (F): Policy provides for the uniform NJJC Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. The NJJC Protocol, developed by related professionals, addresses but is not limited to interviewing; evidence collection; victim services; notifications; and prosecution of sexual assault cases. The agency-based investigators or OOI may conduct administrative investigations and the OOI investigate sexual abuse allegations that are criminal in nature. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

115.321 (c): The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The Policy states forensic medical examinations will be conducted at the Rutgers University Hospital who employs Sexual Assault Nurse Examiners (SANEs) and Sexual Assault Forensic Examiners (SAFEs). The Sexual Assault Policy of the hospital states that the medical forensic examination will be conducted by a SANE or SAFE. The facility policy states that the services will be provided at no cost to the victim. The Nurse's interview was aligned with the facility Policy. Interviews with University Hospital were familiar with NJCASA and Hudson County Rape Crisis Centers and utilizes their services as victim advocates.

115.321 (d-e): Currently an MOU exists with NJ SART and SANE program. The program is a Statewide Sexual abuse program that include NJCASA as part of the SART programs throughout New Jersey. Each resident was familiar with where additional advocacy information could be located on their living unit. Specialized staff confirmed that if requested by the victim, the center would provide a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. In addition to counseling provided by a local mental health provider, victims of sexual abuse, either during or prior to admission, can receive emotional support services from a Victim Advocate Program. During the last 12 months there was no resident that received a SANE evaluation.

Compliance was determined through review of Statewide SART program, NJCASA, Hudson County Rape Crisis Center, reviews of policies also and interviews with the Victim's advocacy center staff, University Hospital and investigator provided compliance with this standard.

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| 115.322 | <b>Policies to ensure referrals of allegations for investigations</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 948 389">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 418 1035 448">Agency Policy (NJJC 13OOI: 01.04) Evidence Collection, Control and Security</p> <p data-bbox="240 477 655 506">Investigative Report (from other facilities)</p> <p data-bbox="240 535 1493 862">115.322 (a &amp; b): NJJC Policy ED:01.02, Prison Rape Elimination Act (PREA) address the requirements of Standard 115.322. The agency has a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation is not criminal in nature. The Office of Investigation are sworn officers and can conduct criminal investigations. Policy describes the responsibilities of both the agency and the criminal investigating entity. Policy mandates that the facility superintendent or designee will notify the NJJC Office of Investigations (OOI) as soon as possible after an allegation of sexual abuse or sexual harassment. OOI will determine if it is criminal, is non-criminal, if it is a PREA incident and determine appropriate investigative entity to conduct the investigation. The agency published such policy on its website per the PAQ and interview with the PREA coordinator. The center has not had an allegation of sexual abuse or sexual harassment in the PREA audit cycle.</p> <p data-bbox="240 891 1473 987">115.322 (c): Investigative protocols mandates that staff will secure the scene, not let the victim or predator change clothing, brush teeth, use the restroom or shower. The facility will assist the investigator in making available video and other material as requested.</p> <p data-bbox="240 1016 1493 1144">Random staff interviewed indicated they have a duty to report all allegations of sexual abuse or sexual harassment including third party reporting to their supervisor, PREA compliance manager, facility superintendent. The report would be done by phone or in person and would not be made on the radio or other means as to alert staff and other residents, particularly when it is a sexual harassment report.</p> <p data-bbox="240 1173 1294 1202">Residents knew of the multiple ways for them to report allegations of sexual abuse or sexual harassment.</p> <p data-bbox="240 1232 1445 1292">Compliance was verified by reviewing policies, procedures, agency website and interviews with agency designee, facility superintendent, investigator and random staff and residents.</p> |

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| 115.331 | <b>Employee training</b>   |
|         | <b>Auditor Overall Determination:</b> Exceeds Standard   |
|         | <p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 948 387">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 418 474 445">Staff PREA Curriculum</p> <p data-bbox="242 477 703 504">PREA Training Acknowledgement Statements</p> <p data-bbox="242 535 474 562">Cross Gender Training</p> <p data-bbox="242 593 488 620">Employee Training Files</p> <p data-bbox="242 651 547 678">Employee Training Curriculum</p> <p data-bbox="242 710 293 736">PAQ</p> <p data-bbox="242 768 448 795">PREA video for staff</p> <p data-bbox="242 826 1493 1050">115.331 (a): NJJC Policy ED:01.02, PREA employee training curriculum, and verification of training, all address the policy requirement of Standard 115.331. The training curriculum provided by the facility was tailored to the specific needs of a juvenile population. The documents and staff interviews support refresher training are also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. Training is provided in a classroom setting on a yearly basis. One hundred percent of the staff at RSC received training in the last 12 months. Specialized training programs are provided on an ongoing basis. All direct care staff members interviewed, and review of the training curriculum verified the general topics below were included in the training:</p> <ol data-bbox="242 1081 1474 1816" style="list-style-type: none"> <li data-bbox="242 1081 1110 1108">1. The center Zero Tolerance Policy for sexual abuse and sexual harassment.</li> <li data-bbox="242 1140 1458 1198">2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.</li> <li data-bbox="242 1229 1054 1256">3. Residents' right to be free from sexual abuse and sexual harassment.</li> <li data-bbox="242 1288 1374 1346">4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</li> <li data-bbox="242 1377 1082 1404">5. The dynamics of sexual abuse and sexual harassment juvenile facilities.</li> <li data-bbox="242 1435 1182 1462">6. The common reactions of juvenile victims of sexual abuse and sexual harassment.</li> <li data-bbox="242 1494 1426 1552">7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.</li> <li data-bbox="242 1583 912 1610">8. How to avoid inappropriate relationships with residents.</li> <li data-bbox="242 1641 1474 1700">9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.</li> <li data-bbox="242 1731 1426 1758">10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and</li> <li data-bbox="242 1789 903 1816">11. Relevant laws regarding the applicable age of consent.</li> </ol> <p data-bbox="242 1848 1461 2040">115.331 (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The facility houses male residents. The training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The Policy state the training shall be tailored to the needs and attributes to the population served.</p> <p data-bbox="242 2072 1474 2161">115.331 (c): The agency provides each employee with refresher to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In recent years the yearly in services added a video on conducting cross gender or persons frisk searches (pat down). All staff are required to complete this training. Training roster</p> |

and training records were reviewed and documented this training. The agency Policy addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing,

115.331 (d): The agency document training, through employee signature or electronic verification that employees understand the training they have received. The Policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. PREA training is provided to staff, as indicated by a review of Policy and training documents. The documents and staff interviews support refresher training are also conducted and is documented. The direct care staff interviewed and the PREA compliance manager reported the training is provided as required. All direct care staff members interviewed, and document review verified the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-to-day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings. Staff interviewed indicated they receive training on a continuous basis including reminders of PREA protecting, detecting and responding to allegations of sexual abuse or sexual harassment.

Compliance was determined by reviewing preservice and in service training curriculum and a review of the training records that indicated staff have received yearly training. An interview with random staff also confirmed that they received training on managing residents in a therapeutic community. Staff interviewed indicated that sexual abuse and sexual harassment is a daily or weekly topic of training.

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| <b>115.332</b> | <b>Volunteer and contractor training</b>  |
|                | <p data-bbox="240 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 948 389">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 418 421 448">PREA Curriculum</p> <p data-bbox="240 477 692 506">Training Attendance Record (Sign-in Sheets)</p> <p data-bbox="240 535 293 564">PAQ</p> <p data-bbox="240 593 512 622">PREA video for Contractor</p> <p data-bbox="240 651 533 680">Contract Training Curriculum</p> <p data-bbox="240 710 405 739">Contractor Files</p> <p data-bbox="240 768 1477 992">115.332 (a): The center has developed and implementing a training program for Contracting staff and volunteers to provides training based on the role of the contractor or volunteer. The PREA educational curriculum utilized by NJJC for training volunteers and contractors is based on the services each provides and the frequency of their contact with the resident (s). The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The Volunteer staff must attend the volunteer training program that includes their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="240 1021 1490 1149">115.332 (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="240 1178 1453 1305">115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information.</p> <p data-bbox="240 1335 1418 1395">The auditor reviewed the training records of contractors and interns for verification compliance with Standard 115.332. Compliance was also determined by interviewed with the contracting medical staff and center's superintendent.</p> |

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| 115.333 | <b>Resident education</b>                              |
|         | <b>Auditor Overall Determination:</b> Exceeds Standard |
|         | <b>Auditor Discussion</b>                              |

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)

PAQ

PREA video for residents

Resident Training Curriculum

PREA Posters

115.333 (a): NJJC Policy ED:01.02 directs NJJC to provide PREA education to any resident assigned to the facility. PREA education also includes educating those residents who are Limited English Proficient (LEP), deaf, visually impaired, physically or cognitively disabled or residents who have limited reading skills.

115.333 (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Also during the comprehensive training the trainer goes over the PREA safety brochure and has a question-and-answer session with new residents. A resident was being interviewed by a case manager and therapist during the tour of the facility. The staff were talking to the resident about sexual abuse and sexual harassment and how the resident will be provided a safety plan that will include how to report, how to avoid inappropriate relationships and how reporting will never be seen as a weakness and the facility will support the resident and protect the resident from sexual abuse or sexual harassment. In the short time spent overhearing the training, it was obvious that the center is operated as a therapeutic community and utilized individual and group meetings to stress sexual safety. During the last 12 months 36 residents have received orientation and comprehensive training on PREA.

115.333 (c): Policy and procedures require that residents receive such education within 10 days of arrival at the facility and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Staff reviewed with residents the End Silence Youth Speaking Up About Sexual Abuse in Custody novel, End the Silence brochure, Sexual Abuse Prevention Orientation Packet, and other PREA related educational information and informed residents of the agency's zero tolerance policy, their right to be free from sexual abuse, sexual harassment and from retaliation for reporting allegations of sexual abuse/sexual harassment. To verify receiving the mandatory training, each resident signs an acknowledgement at the RSC. Additionally, each resident interviewed could describe multiple ways to report sexual abuse or sexual harassment. All residents interviewed were aware that the center posted PREA reporting options for residents throughout the facility. The postings were in Spanish and English.

115.333 (e): The agency shall maintain documentation of resident participation in these education sessions. A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The intake staff was interviewed regarding PREA education for residents. They ensure residents' receipt of the information, including the resident signing the acknowledgement form. A review of twelve resident files confirmed they acknowledged they received a PREA orientation during intake and a comprehensive training within 10 days of arrival at the facility.

115.333 (f): The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A Handbook is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The Handbook provides educational information regarding sexual abuse and victims. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation for them; access to the hotline to report allegations of sexual abuse or sexual harassment; or complete a Request and Remedy form. Each resident is provided a PREA Brochure. There are information posters located throughout the center. The auditor noted there were posters in all areas that residents frequent.

Exceed compliance was determined by review of the agency policies, training curriculum, poster, and resident files and by interviews with staff and resident.

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| 115.334 | <b>Specialized training: Investigations</b>   |
|         | <b>Auditor Overall Determination:</b> Exceeds Standard  |
|         | <p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 948 389">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 418 440 448">Training Curriculum</p> <p data-bbox="242 477 469 506">Certificates of Training</p> <p data-bbox="242 535 293 564">PAQ</p> <p data-bbox="242 593 1441 719">115.334 (a): NJJC Policy ED:01.02, and Investigative Protocol, mandates that NJJC Office of Investigations investigate conduct criminal investigations. The facility may conduct administrative investigation of sexual harassment that are non-criminal. Northern Regional Interdependence and Reentry Success Center does not have an investigator and does not conduct investigations. The Office of Investigations conducts all investigation at the center.</p> <p data-bbox="242 748 1481 978">115.334 (b): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The NJJC Investigator receive training through the police academy and through agency training. There are 11 staff that have received this training.</p> <p data-bbox="242 1008 1390 1068">115.334 (c): NJJC Policy ED:01.02; Investigative Protocol provide that staff that attend the specialized training will document all training they receive. The facility provided a certification of completion for these three staff.</p> <p data-bbox="242 1097 1477 1158">Compliance was determined by review of the training curriculum, documentation of the training and interviews with staff that conduct investigations.</p> |



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| 115.335 | <p><b>Specialized training: Medical and mental health care</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>NJJC HS: Policy 01.01 Health Services Policy Manual</p> <p>Training Curriculum for Medical and Mental Health Staff</p> <p>Certificates of Training</p> <p>Documentation of yearly PREA training</p> <p>115.335 (a): NJJC HS: Policy 01.01 Health Services Policy Manual addresses the requirement of Standard 15.335. Medical and mental health practitioners who work in SJJS facilities to complete general PREA education and specialized PREA related training. the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse. The facility has 3 medical or mental health staff that have received this training. These medical and mental health staff are regionally assigned. One of their offices is at the RSC.</p> <p>115.335 (b): According to the PREA coordinator and PREA compliance manager, and medical staff does not conduct forensic medical exams of residents. The Auditor interviewed specialized medical and mental health staff. These same staff confirmed that they do not conduct forensic examination on residents.</p> <p>115.335 (c- d): The mental health and medical staff completed the general and refresher training provided for all staff members. A review of the training certificates and training acknowledgement forms and interview with medical and mental health staff confirmed that the staff have received specialized training and generalized training as required by standards and have additional training that meets the expectations of the standards. There were three (3) medical and/or mental health staff who received this specialized training in the last 12 months.</p> <p>Compliance was determined by review of the training curriculum, documentation of the training and interviews with medical and mental health staff.</p> |
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| 115.341 | <b>Obtaining information from residents</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 732 387">Memo Regarding updating Screening Instrument</p> <p data-bbox="240 416 461 443">Screening Instrument</p> <p data-bbox="240 472 863 499">NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 528 467 555">Resident File Reviews</p> <p data-bbox="240 584 1481 685">115.341 (a) and (b): NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA) addresses the requirements of Standard 115.341. All resident that are admitted into the program receive a risk screening for sexual vulnerability or aggressiveness within 4 hours of arriving at the facility.</p> <p data-bbox="240 714 1461 775">115.341 (c): Prior to the screening the screener will review the resident files, the assessment's documentation and discuss with the resident the purpose of the screening. The screening instrument includes.</p> <ul data-bbox="240 804 1473 1413" style="list-style-type: none"> <li>· Prior sexual victimization or abusiveness</li> <li>· Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse. · Current charges and offense history</li> <li>· Age</li> <li>· Level of emotional and cognitive development</li> <li>· Physical size and stature</li> <li>· Mental illness or mental disabilities</li> <li>· Intellectual or developmental disabilities</li> <li>· Physical disabilities</li> <li>· The resident's own perception of vulnerability</li> <li>· Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.</li> </ul> <p data-bbox="240 1442 1461 1469">Policy and procedure mandates that the screening will be completed within 72 hours of admission or transfer to the center.</p> <p data-bbox="240 1498 1485 1765">115.341 (d): Policy and practice mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. Screening staff interviewed indicated staff review the residents court records, suicide screening reports, family information and any other documents that are provide to them at the time of intake. The screening staff utilizes the screening instrument during the initial intake process that includes and conversation with the resident in a private setting. The screening staff indicated they introduce the screening instrument to the resident by explaining the purpose of the questions and acknowledges to the residents that that the know they have been asked a lot of questions, however all of the information we talk about are for the purpose of make sure you are safe at the center.</p> <p data-bbox="240 1823 1490 1989">115.341 (e): Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization. Policy mandate that only staff that need to know will have access to the screening instrument.</p> <p data-bbox="240 2018 1477 2145">Based on the review of the screening instrument, agency policy and procedures, observations and information obtained through staff and resident interviews, and review of resident files, the facility has demonstrated exceed compliance with this standard. Interviews with the residents and clinical staff indicated the residents see their therapist usually weekly and during these sessions the staff and resident will discuss his safety plan and feelings of vulnerability. Some of the resident indicated</p> |

the staff also ask him about prior victimization. Policy mandate that a formal rescreening will be conducted every six months, however based on interviews with staff and residents the rescreening occurs much more often than the formal rescreening. Mental health and resident indicated they discuss sexual boundaries, past sexual behavior, and resident's feeling of safety during many daily individual meetings and during group therapy sessions.

Compliance was determined by reviewing the screening instrument, review resident files, interviews with staff conducting the screening, case managers, therapist and residents.

115.342

**Placement of residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

NJJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)

Screening Instrument

Resident File Reviews

115.342 (a): NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA) requires all information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse. The facility utilizes a classification system for predator and victim to be house alone or housed in an area near the officer's station. The superintendent reviews the housing plan prior to a resident being assigned to a particular unit. Each resident has a safety plan and while the screening instrument is one of several documents to determine housing, programming, and therapist assigned to a particular group is considered in placement of residents.

115.342 (b): A resident may be isolated from other residents as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the resident safe from other residents, and then only until an alternate means of keeping all residents safe can be arranged. During any periods of protective isolation, facility staff may not deny a resident otherwise under control, access to daily large-muscle exercise and legally required educational programming or special education services. The center does not have a segregated area to house residents. Therefore, the resident will have to be placed on one-on-one observation until other arrangement can be made. Policy mandates that any resident in isolation must receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible. It is not the practice or capabilities of the RSC to house residents in isolation for preventive or protective measures. Based on the PAQ no resident has been placed in an isolated area due to a sexual abuse or sexual harassment allegation.

115.342 (c): NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA) mandates staff must not search or physically examine a transgender or intersex Resident for the sole purpose of determining a youth's genital status. If a youth's genital status is unknown, it may be determined during conversations with the youth, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

115.342 (d): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The Policy also provides that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed a special housing which was evident from staff interviews. There were no transgender or intersex residents in the facility during the onsite visit. The director confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. In interviews with the administrative team, the staff indicated that a resident's sexual status was one of several considerations for housing and programming resident. Since it is a treatment program with groups of four to eight, the center stratifies the groups based on size, maturity, age and would also utilizes the resident preference, sexual orientation, and perception in placing youth with different therapist.

115.342 (e): Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. The Policy states placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident and the Intake staff is aware of the requirement. The superintendent confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident by Policy, however in reality, residents are reassessed on an ongoing basis. Based on the review of the Pre-audit Questionnaire and interview with the Intake staff, the evidence shows the facility follows this provision of the standard.

115.342 (f): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. The resident's concern for his own safety is taken into account through the administration of the Vulnerability Assessment and this applies to every resident. The residents confirmed in the interviews, they are asked about their safety concerns. A review of the PREA Education & Screening Log demonstrated the additional documentation of the screening assessments and re-assessments completed for each resident. The staff interviews revealed staff members are aware of the

policy which requires the provision of the standard to be followed.

115.342 (g): Policy mandates that transgender and intersex residents shall be given the opportunity to shower separately from other residents. All staff interviewed were aware of that requirement, however most staff indicated that all residents are required to shower by themselves.

115.342 (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged. The Policy states if a resident is isolated pursuant to part (B.2.) of this section, the facility shall document a. The basis for the facility's concern for the resident's safety; and b. The reason why no alternative means of separation can be arranged. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the facility superintendent and PREA compliance manager confirmed the facility has not used isolation for this purpose. The Isolation/separation would be documented according to the provisions of the policy and standard.

115.342 (i): NJJC CP:09.01 Juvenile Supervision establishes a resident may be isolated from other Residents as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the resident safe from other residents, and then only until an alternate means of keeping all residents safe can be arranged. During any periods of isolation from other resident, facility staff may not deny a resident otherwise under control, access to daily large-muscle exercise and legally required educational programming or special education services. Resident must receive daily visits from a medical or mental health care clinician. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.

Interviews with the Facility superintendent and PREA compliance manager confirmed the facility has not used isolation for this purpose. Staff interviewed also verified compliance with this standard. During the site tour, there were no rooms observed to be reserved for transgender or intersex residents. A staff interview and observations revealed there is no special housing based on how a resident identifies. There were also no single cell rooms to house resident in any segregated area for sleeping.

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.

Interviews with the Facility superintendent and PREA compliance manager confirmed the facility has not used isolation for this purpose.

Staff interviewed also verified compliance with this standard. During the site tour, there were no rooms observed to be reserved for transgender or intersex residents. A staff interview and observations revealed there is no special housing based on how a resident identifies. There were also no single cell rooms to house resident in any segregated area for sleeping.

115.351

**Resident reporting**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

The following policies, directives, memorandum and supplements were reviewed for compliance with this standard.

NJJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)

Resident Handbook

Request and Remedy Form

Third Party Reporting Forms

Resident Handbook

Sample of Incident Report

Resident Reporting Poster

Multilingual Posters

NJCASA hotline

RAINNS Hotline

115.351 (a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The Policy provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation and staff neglect including telling a trusted staff member or filling out a Request and Remedy form and placing it in a secure drop box. Random resident interviews confirmed their knowledge of this procedure. Policy addresses this standard and provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he/she can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such.

Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour hotline of an agency not a part of the facility as confirmed by resident interviews, posters, staff, and posted phone instructions. Direct care staff interviews revealed residents may use the telephone, located on each unit, to privately report sexual abuse and sexual harassment. The telephone was tested during the site tour and was found to be in working order.

The residents also identified internal ways a resident may report such as completing a Request and Remedy form; talking to a trusted staff member; or tell an outside person or family member. There is a designated locked box and forms in the housing area for depositing the written Request and Remedy forms. If a resident uses a Request and Remedy form to report allegations of sexual abuse or sexual harassment, he/she needs to complete the form, check the appropriate space and place it in the secured box.

The resident receives a Resident Handbook which provides PREA related information, including how to report allegations of sexual abuse. Posters are located in the living units and other areas visible to residents, staff, contractors and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings

115.351 (b): The Policy requires youth to have one way of reporting sexual abuse and sexual harassment to a public or private entity or office not a part of the agency. Residents may call the NJJJC Ombudsman or call the RAINNS advocate hotline. Residents may request to use a telephone with some degree of privacy to call the hotline without having to obtain staff permission and that mandates staff not to question residents about the reason for the call. When calling RAINNS, resident will be offered a local victim advocate services which is Hudson County Rape Crisis Center. A resident can request writing materials to write and send a letter to one of these sources. Random residents interviewed were aware of the abuse hotline and were able to articulate how they could gain access.

Residents may use the emergency telephone located in the housing area. The resident may select the appropriate line and dial a number to reach a victim advocate at the New Jersey CASA to report an allegation of abuse and/or request advocacy services. Signs are posted explaining how to access the New Jersey CASA and contains non-emergency numbers for

agencies, including the Newark Police Department. The resident is also instructed on the signage to dial 911 for emergencies. Direct care staff revealed staff could use the emergency phone to report allegations of abuse. Allegations of sexual abuse have not been reported during this audit period. The facility does not detain residents solely for civil immigration purposes.

115.351 (c): The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All residents interviewed revealed they are familiar with the provisions of the standard. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a Request and Remedy Form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports.

115.351 (d): Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the Auditor showing the reporting forms such as Request and Remedy Forms and the accessibility of writing utensils. During the site visit and while on the site review, the Auditor observed the accessibility of writing utensils to the residents.

Based upon the review of policies, reporting systems, interviews with staff from NJCASA hotline, NJJJC telephone number, the NJJJC ombudsman, RAINNS phone number the auditor has determined the facility exceeds compliance with this standard regarding resident reporting. The residents have multiple internal ways for to privately report. Reports can be made verbally, in writing, anonymously, and from third parties.

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| 115.352 | <b>Exhaustion of administrative remedies</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="244 360 863 387">NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)</p> <p data-bbox="244 418 443 445">Resident Handbook</p> <p data-bbox="244 477 416 504">Grievance Forms</p> <p data-bbox="244 535 416 562">Grievance Boxes</p> <p data-bbox="244 593 397 620">Writing utensils</p> <p data-bbox="244 651 1441 710">115.252 (a): NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA) provides a procedure for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances.</p> <p data-bbox="244 741 1453 902">Instructions on how to file grievances are provided to residents on Resident Handbook and PREA posters. Youth may request assistance in completing the form and a lockbox is located for youth to submit the form anonymously. Youth are allowed to select if they wish the form to be provided to the Ombudsman or sent directly to the Office of Investigations. All forms received by staff that alleged any sexual abuse or criminal activity shall be called into the Executive Director and forwarded to the Executive Director within one day.</p> <p data-bbox="244 934 1422 1028">If criminal in nature, the information shall be automatically called to the OOI. The decision of the Request and Remedy process requires that an appeal form be supplied to the youth when giving a decision; however, in the case of a PREA Complaint form, the investigators will make notification to the youth.</p> <p data-bbox="244 1059 1450 1117">An interview with the Superintendent reports that grievances are addressed immediately, and an investigation begins. He also reports that all residents are provided notification of the outcome of the report.</p> <p data-bbox="244 1149 1485 1373">115.252 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. SDC does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict NJJC ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre- Audit Questionnaire, in the past 12 months there were no grievance filed alleging sexual abuse or sexual harassment.</p> <p data-bbox="244 1404 1461 1534">115.252 (c): Based on facility policies, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Residents may submit grievances to the Facility superintendent or executive director. If a third-party file a grievance on a resident behalf, the alleged victim must agree to have the grievance filed on his behalf.</p> <p data-bbox="244 1565 1493 1758">115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.</p> <p data-bbox="244 1789 1493 1982">115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.</p> <p data-bbox="244 2013 1485 2143">115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or</p> |



her behalf, the agency shall document the resident decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.252 (f): Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility superintendent designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. The facility would advise the residents the outcome of the investigations on the Grievance Form. In interview with the PREA compliance manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

115.252 (g): A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. There has been no disciplinary action due to filing a grievance in bad faith.

Compliance was determined by review of the policies, interview with the PREA compliance managers, residents, and presence of grievance box and grievance forms.

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| 115.353 | <b>Resident access to outside confidential support services and legal representation</b> |
|         | Auditor Overall Determination: Exceeds Standard  |
|         | Auditor Discussion   |

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Pre-Audit Questionnaire

NJ CASA

CONTACT Sexual Abuse Services of Burlington County

Contact the Hudson Rape Crisis Center through RAINNS

NJ Department of Children and Family Service (hotline)

NJJC Policy- 11CP: 04.01 Visits to Juveniles

NJJC Policy- 11ED:01.04 Confidentiality of Juvenile Records

NJJC - Therapist and Juvenile Confidentiality

115.353 (a): The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Contact information is posted throughout the facility for the NJ CASA, CONTACT Sexual Abuse Service, RAINNS Hotline and NY Department of the Children and Family Services (hotline) notices were observed posted during the tour of the facility. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The main service provider at the RSC is Hudson Rape Crisis Center which is part of the RAINNS national network of victim emotional support programs. The New Jersey CASA also provides the following: a 24/7 hotline staffed by certified victim advocate; certified victim advocates to respond to requests for advocacy and accompaniment during forensic examination; counselling; follow-up support; and referral for treatment after release or transfer to another facility. Signs containing the New Jersey CASA hotline number and basic information about the service were observed throughout the facility.

Contact information for advocacy services is a part of the PREA education sessions and is also provided to each resident in the PREA brochure. Information is also provided through signs and posters in various parts of the facility including each living unit. The RAINNS hotline telephone was observed in the living unit and the contact information for services from the agencies was posted. The telephone was tested and deemed in working order. When prompted the auditor was forwarded to Hudson County Rape Crisis Center. While the center does not have a MOU with Hudson County Rape Crisis Center, the center would provide emotional support through their contract with RAINNS.

115.353 (b): Policy - ED:01.02 addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided by The New Jersey CASA. Samples of acknowledgement statements were reviewed.

115.353 (c): The agency maintains an agreement with NJCASA for emotional support services related to sexual abuse. The Facility Superintendent confirmed the availability and accessibility of outside confidential support services to residents. Interviews with NJCASA confirmed their network of providers throughout New Jersey to provide emotional support for victims of sexual abuse

115.353 (d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The interview's confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site tour revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated family could visit and they provided the days and times of visitation and for phone calls. Residents interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer or a court representative privately. Residents interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. Visitors to the facility are informed of PREA. The facility superintendent confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal.

Exceed compliance was determined by review of center visitation rules, policies, and memorandums, poster located throughout the facility and interview with staff of the NJCASA, facility superintendent and random staff and residents. Residents have an array of emotional support staff outside the facility. During interviews most of the resident said they would talk to the superintendent.

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| 115.354 | <b>Third-party reporting</b>   |
|         | <p data-bbox="242 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1465 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 486 389">Pre-Audit Questionnaire</p> <p data-bbox="242 418 865 448">NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 477 518 506">Third Party Reporting Form</p> <p data-bbox="242 535 742 564">New Jersey Juvenile Justice Commission website</p> <p data-bbox="242 593 327 622">Posters</p> <p data-bbox="242 651 1497 909">NJJC Policy ED:01.02 PREA addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to immediately document all verbal reports received. The interviews revealed they may report allegations privately through the use of the abuse reporting hotline or a third-party reporting form. The auditor called the NJ Ombudsman and was provided a message to leave a message and he would return the call. The auditor called the NJJC public access to report PREA and spoke with a staff member at the agency headquarters. In discussion, she indicated she would provide the information to the PREA coordinator and to the Office of Investigations immediately upon receiving the calls from a third party or from a resident. The auditor received a call back from the PREA coordinator.</p> <p data-bbox="242 940 1497 1037">NJJC's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Resident interviews revealed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including their parents/legal guardians.</p> <p data-bbox="242 1066 1497 1126">All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them.</p> <p data-bbox="242 1155 1497 1386">The interviews with the residents revealed their knowledge of third-party reporting. The residents identified the methods within the facility in which they may make third party reports such as file a Request and Remedy, report to staff or a family member, or utilize the abuse Information regarding reporting is provided through observed postings located in various areas of the facility accessible to visitors, residents, staff, contractors and volunteers. The facility's website contains information regarding third-party reporting of allegations of sexual abuse. The Third-Party Reporting Form is observed to be located on the website. Copies of the Third-Party Reporting form are maintained in the lobby and the reporting information is provided to parents/guardians. There were no third- party reports received during this audit period</p> <p data-bbox="242 1415 1497 1512">Compliance was determined by Posters located in strategic areas of the facility, calling the various reporting lines, reviewing website and interview facility administrator, PREA coordinator and PREA compliance Manager. There have been no third-party reports during the audit cycle.</p> |

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| 115.361 | <b>Staff and agency reporting duties</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="242 418 544 448">NJJC Policy ED:01.02 PREA</p> <p data-bbox="242 477 320 506">Posters</p> <p data-bbox="242 535 400 564">Staff Interviews</p> <p data-bbox="242 593 400 622">115.361 (a) (b):</p> <p data-bbox="242 651 1493 808">The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p data-bbox="242 837 1493 1099">According to the Agency Policy (NJJC ED:01.02), all staff members are required to report any allegation of sexual misconduct or youth-on-youth sexual activity to the agency and the Division of Child Protection and Permanency (DCPP). The Policy further states that staff is prohibited from revealing any related information to anyone other than those persons making treatment, investigation, security, or management decisions. The Policy also states that staff members are to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual 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. This information should be reported to the DCPP and local law enforcement. Staff interviews support the standard requirement.</p> <p data-bbox="242 1128 1461 1227">115.361 (c): NJJC Policy ED:01.02 and interviews with random staff confirmed that persons making the reports of any incidents that would occur in the facility and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.</p> <p data-bbox="242 1256 1493 1384">115.361 (d): All medical and mental health practitioners interviewed confirmed an agency requirement to report sexual abuse to a designated supervisor and if applicable to a designated State or local service agency if required by mandatory reporting laws. Likewise, the same medical and mental health practitioners confirmed that they have a responsibility to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="242 1413 1493 1711">115.361 (e): The facility superintendent indicated that she has a responsibility to promptly report any allegation of sexual abuse or sexual harassment to her direct supervisor, the office of investigations and to the PREA coordinator. The superintendent indicated along with the above she would report incident to the DCPP if the residents was under the age of 18. The superintendent indicated she would report information to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. More, if the alleged victim is under the guardianship of the child welfare system, the facility superintendent confirmed that they would promptly report the allegation to the alleged victim's caseworker, instead of the parents or legal guardians. victim's parents or legal guardians. If the resident is under the Department of Children and Families (DCF) custody, the DCF Case Worker will be notified and if applicable, the attorney of record will be notified of the allegation within 14 days of receipt of the allegation.</p> <p data-bbox="242 1740 1493 1935">115.361 (f): Staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation. Upon receiving any allegation of sexual abuse, the facility promptly reports allegations to the Agency's office of investigation.</p> <p data-bbox="242 1964 1477 2056">Compliance was determined by review of policies, training module, and interviews with direct care staff and first responders that are not direct care staff, the facility superintendent, and the agency head designee and the PREA coordinator. There have been no allegations of sexual abuse or sexual harassment in the last 12 months.</p> |

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| 115.362 | <b>Agency protection duties</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Pre-Audit Questionnaire</p> <p data-bbox="229 416 1509 479">NJJC Policy ED:01.02</p> <p data-bbox="229 479 1509 824">115.362 (a): NJJC Policy ED:01.02 policy and staff training require staff to protect the residents through immediately implementing protective measures. Interviews with the residents revealed their concerns about their own safety are discussed during the intake process and during the administration of Screening assessments. Policies requires that if the resident alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff with highest authority at the facility and the assistant facility administrator, or facility director. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. All staff interviewed indicated their primary duty was to protect the residents housed at the facility and would take immediate action to protect a resident that make and allegation of imminent danger regardless of the whether it was sexual abuse, gang related, or resident own actions. There were no instances where residents were at imminent danger of sexual abuse.</p> <p data-bbox="229 824 1509 911">Compliance was determined by review of policies, training module, and interviews with direct care staff and first responders that are not direct care staff, the facility superintendent, agency head designee and the PREA coordinator.</p> |

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| <b>115.363</b> | <b>Reporting to other confinement facilities</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <p data-bbox="240 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 485 387">Pre-Audit Questionnaire</p> <p data-bbox="240 418 544 445">NJJC Policy ED:01.02 PREA</p> <p data-bbox="240 477 1461 638">115.363 (a-c): NJJC Policy ED:01.02 and intake staff training require that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the RSC notifies the head of the facility or appropriate office where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. During the past 12 months, there were no allegations received a resident was abused while confined to another facility nor were there allegations of sexual abuse received by the RSC.</p> <p data-bbox="240 669 1445 763">115.363 (d): NJJC Policy ED:01.02 and intake staff training require that upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility will also notify OOI, PREA coordinator, and begin and implement the center's coordinated response plan.</p> <p data-bbox="240 795 1477 853">Compliance was determined by review of policies, and interviews with the facility superintendent, the agency head designee and the Agency PREA coordinator.</p> |

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| 115.364 | <b>Staff first responder duties</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 362 478 389">NJJC Policy ED:01.02</p> <p data-bbox="242 421 485 448">Pre-Audit Questionnaire</p> <p data-bbox="242 479 379 506">Staff Training</p> <p data-bbox="242 537 1493 828">115.364 (a): NJJC Policy ED:01.02 addresses the requirement of Standard 115.364. Policy mandates that staff should, upon learning of an allegation that a resident was sexually abused, as the first responder to safeguard the victim and at the same time separate the victim from the abuser, secure the crime scene, and collect physical evidence if the abuse occurred within a time period that would permit the recovery of usable physical evidence. The agency has more detailed expectation of staff if a resident is 1). Suspected or alleged Resident-on-Resident rape, sexual assault, or forced sexual activity with or without sexual penetration, 2. Suspected or alleged Staff-on-Resident sexual activity of any type or 3). Any other intentional resident-on-resident sexual touching (nonpenetrative) touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a Resident of another resident, with or without the latter's consent and/or alleged or suspected resident-on-resident sexually abusive contact.</p> <p data-bbox="242 860 1477 1088">115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Random staff interviews revealed considerable knowledge of actions to be taken upon learning a resident alleges being sexually abused. Staff interviewed confirmed they knew their obligations when a resident makes an allegation, or they suspect an incident of sexual abuse has occurred. Random staff included monitors and programming staff. Programming staff have the same training as monitors and knew the expectations required for this standard. There were no allegations of sexual abuse during the last auditing cycle.</p> <p data-bbox="242 1120 1407 1178">Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff reporting for duty during the on-site audit.</p> |



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| 115.365 | <b>Coordinated response</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="240 418 544 448">NJJC Policy ED:01.02 PREA</p> <p data-bbox="240 477 711 506">Sexual Abuse/Assault Response Plan Protocol</p> <p data-bbox="240 535 528 564">Coordinated Response Plan</p> <p data-bbox="240 593 459 622">Investigative Protocol</p> <p data-bbox="240 651 1485 743">115.365 (a): NJJC Policy ED:01.02 PREA require the development of a written plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership. The facility's coordinated staff response plan was reviewed and found in compliance with the standard.</p> <p data-bbox="240 772 1490 1070">The Coordinated Response guides the procedures that should occur in the event an abuse or assault occurs. When activating the Coordinated Response, the policy identifies who is responsible for overseeing the implementation of the coordinating actions; the first responder's responsibilities; Administration/supervisor's duties; medical and mental health practitioner's duties, investigator' duties, victim advocate's duties, University Hospital Sane duties and the facility director or designee's duties. The center has a flow chart with telephone numbers and a check list to ensure all areas of the coordinated plan are managed by the appropriate discipline. All staff were aware of their responsibilities to carry out the coordinated response plan. The staff indicated that this training is conducted on a regular basis during shift briefing and during monthly staff meeting. The facility superintendent indicated that the staff training for coordinated response plans includes all staff at the facility.</p> <p data-bbox="240 1099 1490 1160">Compliance was determined by review of the coordinated response plan and interviews with staff responsible for carrying out the response plan.</p> |

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| 115.366 | <b>Preservation of ability to protect residents from contact with abusers</b>   |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="242 418 948 448">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 477 1437 506">Local Union 30 – International Brotherhood of Electrical Workers (IBEW), AFL-CIO State Government Manager’s Union;</p> <p data-bbox="242 535 1485 595">Council No. 1 and its Affiliated Locals and Councils, American Federation of State, County, and Municipal Employees, AFT – CIO, Health, Care and Rehabilitation Services Unit;</p> <p data-bbox="242 624 1461 685">Communication Workers of America (CWA), AFL-CIO, Administrative/Clerical Unit, Professional Unit, Primary Supervisory Unit, Higher Level Supervisory Unit;</p> <p data-bbox="242 714 1406 775">Local No. 195, International Federation of Professional and Technical Engineers, AFLCIO, Representing Operations, Maintenance, and Services and Craft Units; Local No.</p> <p data-bbox="242 804 1398 833">518, New Jersey State Motor Vehicle Employees Union, SEIU-AFL-CIO, Representing Inspection and Security Unit;</p> <p data-bbox="242 862 1430 922">New Jersey Investigators Association affiliated with the New Jersey State Fraternal Order of Policy, Lodge 174, Special Investigations Division;</p> <p data-bbox="242 952 895 981">New Jersey Law Enforcement Commanding Officers Association;</p> <p data-bbox="242 1010 798 1039">New Jersey Law Enforcement Supervisors Association;</p> <p data-bbox="242 1068 1434 1128">New Jersey Superior Officers Law Enforcement Association, Inc. Affiliated with the New Jersey State Fraternal Order of Police as New Jersey Superior Officers Lodge 183 – Superior Officers Law Enforcement Unit;</p> <p data-bbox="242 1158 1171 1187">New Jersey State Police Benevolent Association Local No. 105 – Law Enforcement Unit; and</p> <p data-bbox="242 1216 1382 1245">New Jersey State Policemen’s Benevolent Association State Law Enforcement Unit – State Law Enforcement Unit</p> <p data-bbox="242 1274 1485 1435">115.366 (a): Pursuant to 28 C.F.R. of the Federal Prison Rape Elimination Standard (PREA), SJJJS does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. NJJC does not allow an entity to restrict the department’s ability to terminate an employee or remove a staff who allegedly abuses or harasses youth from having contact with residents pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted.</p> <p data-bbox="242 1464 1430 1494">Interviews with the agency head, and PREA coordinator determined the facility meets the requirements of the standard.</p> |

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| 115.367 | <b>Agency protection against retaliation</b>   |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="242 418 948 448">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 477 639 506">Investigative Protocol Monitor Checklist</p> <p data-bbox="242 535 432 564">Retaliation Monitor</p> <p data-bbox="242 593 1485 920">115.367 (a) NJJC Policy ED:01.02 PREA establishes for protection or resident against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the facility superintendent shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there no allegation of sexual abuse that was monitored for retaliation. There was no allegation of sexual harassment that was monitored for retaliation.</p> <p data-bbox="242 949 1485 1245">115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Policy identifies measures to protect staff and residents including the following: a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The PREA retaliation monitor identified protective measures that are aligned with the standard, including Separating the alleged abuser from the alleged victim.</p> <p data-bbox="242 1274 1485 1671">115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor 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 see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. PREA policy requires the monitoring of items identified in this provision of the standard. The retaliation monitored explained during the interview how she would discharge those duties, including monitoring the items identified in the standard and whether a resident filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.</p> <p data-bbox="242 1700 1469 1827">115.367 (d-f): In the case of residents, such monitoring shall also include periodic status checks. The PREA Retaliation monitor indicated status checks would be initiated with staff and residents. The policy states periodic status will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing motoring and use of the Retaliation Status Checklist.</p> <p data-bbox="242 1856 1390 1915">Compliance was determined by review of the monitoring checklist, interviews with the retaliation monitor and PREA coordinator.</p> |

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| 115.368 | <b>Post-allegation protective custody</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 485 387">Pre-Audit Questionnaire</p> <p data-bbox="240 418 948 448">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 477 612 506">NJJC CP:09.01 Juvenile Supervision</p> <p data-bbox="240 535 424 562">Statement of Fact</p> <p data-bbox="240 591 1484 884">15.368 (a): NJJC CP:09.01 Juvenile Supervision establishes a resident may be isolated from other residents as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the resident safe from other residents, and then only until an alternate means of keeping all residents safe can be arranged. During any periods of isolation from other resident, facility staff may not deny a resident otherwise under control, access to daily large-muscle exercise and legally required educational programming or special education services. Resident must receive daily visits from a medical or mental health care clinician and would be afforded all the protection enumerated in PREA standard 115: 342. The facility does not use isolation. Instead, the facility has a three-tier supervision level. Resident at risk of imminent danger of sexual abuse could be placed on tier Level 3 which requires direct one on one supervision, until other measures could be implemented by the administrative team.</p> <p data-bbox="240 916 1489 1010">Based on the PAQ and statement of fact no resident has been isolated from other residents for an allegation of sexual abuse or sexual harassment. Compliance was determined by interview with the facility superintendent and the PREA compliance manager.</p> |

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| 115.371 | <b>Criminal and administrative agency investigations</b> |
|         | Auditor Overall Determination: Meets Standard            |
|         | Auditor Discussion                                       |

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)

115.371 (a): NJJC Policy ED:01.02 PREA policy establishes the agency policy that all allegations of sexual abuse or sexual harassment will be investigated. In an interview with the agency PREA coordinator, he reports that the Office of Investigations (OOI) is a sworn law-enforcement department who conducts PREA investigations. OOI staff consult with the local county prosecutors periodically and when criminal behavior is identified. Local county prosecutors would either take the lead on the investigation or continue to work closely with the OOI. The OOI has a strong working relationship with local county prosecutors and the Attorney General.

115.371 (b): All investigators at the agency level are sworn law enforcement and have received appropriate training as indicated by standard 115.334. Investigators conduct all aspects of the investigation including evidence collection, interviews and review for prior complaints. They are in contact with prosecutors on a regular basis during an investigation. The policy prohibits the use of polygraph examinations as a condition for proceeding with an investigation. Policy and state law require all evidence to be maintained, including any handwritten notes, video, audio, etc.

115.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Policy and state law require all evidence to be maintained, including any handwritten notes, video, audio, etc. Evidence collected includes statements from witnesses, victim, and alleged suspect, video, DNA, photographs, and prior allegations or prior complaints.

115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegations.

115.371 (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the persons status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.371 (g): Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

15.371 (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

15.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

15.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The agency retains all written reports of investigations pertaining to administrative and criminal investigations. The interviews with center investigator confirmed the practice will be in accordance with the policy, and standard.

Compliance was determined by review of policies, interviews with the OOI investigator, PREA coordinator and facility superintendent.

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| <b>115.372</b> | <b>Evidentiary standard for administrative investigations</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Pre-Audit Questionnaire</p> <p data-bbox="229 416 1509 479">NJJC ED:01.02, Prison Rape Elimination Act (PREA)</p> <p data-bbox="229 479 1509 658">NJJC ED:01.02 policy addresses the requirements of Standard 115.372. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative investigations. The Auditor interviewed an investigator, the PREA Coordinator and the PREA Compliance Manager who all confirmed that the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative Investigations.</p> <p data-bbox="229 658 1509 743">Compliance was determined by review of policy. interviews with the OOI investigator, PREA coordinator and facility superintendent</p> |

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| 115.373 | <p><b>Reporting to residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Pre-Audit Questionnaire</p> <p>NJJJC ED:01.02 Policy (PREA)</p> <p>15.373 (a): NJJC ED:01.02 policy mandate at the conclusion of any investigation into sexual abuse, the victim or the victim's parent(s) or legal guardian(s) shall be notified the investigation has concluded. The facility director will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>During the last 12 months there was no allegation of sexual harassment or sexual abuse.</p> <p>115.373 (b): Policy mandates that If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>115.373 (c): Policy requires following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (e): Policy requires all such notifications or attempted notifications shall be documented. Center will send a letter notifying residents/parents /legal guardian of charges and of the outcome of the investigation including the identification of the investigative entity and state the findings.</p> <p>Compliance was determined for review of policy, interviews with PREA compliance manager and facility superintendent.</p> |
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| 115.376 | <b>Disciplinary sanctions for staff</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Pre-Audit Questionnaire</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>Employee Handbook</p> <p>115.376 (a): NJJC Policy ED:01.02 establishes the policy for Staff Discipline. RSC employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. The PREA Compliance Manager indicated that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months zero employees were terminated as a sanction of a PREA incident. The PREA compliance manager also indicated during interview that staff disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) would be proportionate to the nature, scope and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.376 (b): According to agency policy and procedures and interview with facility superintendent all allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they were involved in sexual abuse of a resident, that staff will be terminated immediately, and the investigation will be forwarded to prosecutors for further review and charges.</p> <p>115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.</p> <p>15.376 (d): All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment Policy shall be reported to law enforcement. 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 no adverse action taken against staff for violation of sexual abuse, sexual harassment, child neglect or violation of PREA standards during the last 12 months.</p> <p>Compliance was determined by review of the agency policy, interview with PREA coordinator, PREA compliance manager and facility superintendent.</p> |

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| 115.377 | <b>Corrective action for contractors and volunteers</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Pre-Audit Questionnaire</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>Employee Handbook</p> <p>Contractor training</p> <p>Volunteer acknowledgement</p> <p>15.377 (a) NJJC Policy ED:01.02 PREA require any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Policies also require contractors and volunteers who engage in sexual abuse be reported to law enforcement and to relevant licensing bodies. During the past 12 months, there were no allegations of sexual abuse or sexual harassment regarding contractors or volunteers.</p> <p>A review of training acknowledgement statements and training materials revealed the facility takes measures to provide volunteers and contractors a clear understanding that sexual misconduct with a resident is strictly prohibited and is a serious breach of conduct. The review of materials confirmed participation in PREA training and awareness of the zero-tolerance policy and how to report allegations of sexual abuse or sexual harassment of residents.</p> <p>115.377 (b) The documentation and interviews with the Center PREA compliance manager and a contractor revealed the provision of information to volunteers and contractors that sexual misconduct with a resident is strictly prohibited. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the center will take appropriate remedial measures and consider whether to prohibit further contact with residents.</p> <p>Compliance was determined by training curriculum, contractor and volunteer applications and interviews with the PREA compliance manager and facility superintendent.</p> |

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| 115.378 | <b>Interventions and disciplinary sanctions for residents</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1422 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 948 387">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 418 644 445">New Jersey Administrative Code 13:101</p> <p data-bbox="242 477 505 504">Multilingual PREA posters</p> <p data-bbox="242 535 564 562">Community Resident Handbook</p> <p data-bbox="242 593 293 620">PAQ</p> <p data-bbox="242 651 1485 1243">115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Intervention and disciplinary sanction for residents related to sexual harassment, sexual assault and/or sexual abuse or resident require an administrative process for dealing with violations of resident-on-resident sexual abuse. The facility superintendent interview confirmed that disciplinary sanction for residents related to sexual harassment, sexual assault and/or sexual abuse by resident require an administrative process for dealing with violations of resident-on-resident sexual abuse. The center’s superintendent’s interview confirms the formal disciplinary process however residents may also be referred to law enforcement for charges regarding resident-on-resident sexual abuse. Sexual activity between residents is prohibited and court or administrative processes and sanctions occur after a determination the sexual activity was coerced. Residents will be disciplined for sexual contact with staff only when it has been determined the staff member did not consent to the sexual contact. Policy provides anyone reporting in good faith will not receive any repercussions. The policies and interview with the mental health staff confirms counseling or other interventions will be offered to address and correct the underlying reasons or motivations for abuse when the resident remains in or returns to the facility after a sexual abuse incident. The interview also revealed any type interventions or treatment services provided may be a condition for the resident to access participation in the behavior management system, education services, or other programs. The interview with the mental health staff and facility superintendent revealed the process regarding allegations of resident-on-resident abuse which can include the resident being removed from the facility and placed in another center during the investigation by law enforcement.</p> <p data-bbox="242 1274 1485 1400">The RSC is a residential therapeutic center and resident who violates PREA standards which are not criminal in nature is not tolerated and there are consequences to their action. However, the consequences are not to punish the behavior but to change the behavior through appropriate consequences including teaching boundaries, redirecting behavior, and determining motives for the behavior.</p> <p data-bbox="242 1431 1481 1659">115.378 (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. While extremely unlikely, In the event a disciplinary sanction results in the isolation of a resident, the resident would be housed in another facility with this capability. The agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Policy further provides for daily visits by mental health and medical personnel.</p> <p data-bbox="242 1691 1461 1852">115.378 (c): The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The center policy provides that the disciplinary process considers whether a resident’s mental disabilities or mental illness, maturity, contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Mental Health Staff.</p> <p data-bbox="242 1883 1458 2045">115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, as a condition to access to general programming or education.</p> <p data-bbox="242 2076 1469 2134">115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> |

115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The center policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g): The center prohibits all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. All such conduct is subject to disciplinary action. Investigations and prosecution would be pursued after determination the sexual activity was coerced.

Based on the review of the agency policy and procedures, and information obtained through the staff interview and review it was determined that the center is in compliance with this standard.

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| 115.381 | <b>Medical and mental health screenings; history of sexual abuse</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>New Jersey Administrative Code</p> <p>Agency Head Directive</p> <p>Informed Consent Form</p> <p>4-Hour PREA Screening Form</p> <p>Screening Instrument and referrals</p> <p>115.381 (a) Pursuant to PREA standard 115.341 intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the intake officer shall document the information on the Follow up Notification Form. The screening staff document and forward a follow up notification form to the Mental Health Staff. The mental health staff acknowledged that she would see the resident as required by standard. However, she indicated that she would have seen the resident at the at the time of his arrival to complete an intake assessment which includes victimization, sexual orientation and exploitation.</p> <p>115.381 (b) If any of the intake screening forms indicates a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This same information is discussed with the mental health staff, and she acknowledge that she would see the resident within 72 hours of intake.</p> <p>115.381 (c): Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Auditor observed the resident files maintained in a secure manner. The files are secured in a locked cabinet behind a locked door, when the office is unoccupied.</p> <p>115.381 (d): Policy provides that medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. The facility has created the Informed Consent form to document this type of situation.</p> <p>Compliance was determined by review of the agency Policy, review of the referral forms from 2021-2022 and interviews with medical and mental health staff.</p> |

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| 115.382 | <b>Access to emergency medical and mental health services</b>   |
|         | <p data-bbox="242 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1460 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this Agency Policy (NJJC 13HS:01.01), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 383 746 412">Samples of Acknowledgement of PREA Education</p> <p data-bbox="242 441 778 470">Sample Correspondence with The New Jersey CASA</p> <p data-bbox="242 499 603 528">Medical-Mental Health Provider List</p> <p data-bbox="242 557 295 586">PAQ</p> <p data-bbox="242 616 1476 743">115.382 (a): NJJC Policy 13HS:01.01 PREA mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required.</p> <p data-bbox="242 772 1492 936">Processes and services are in place for a victim to receive timely access to sexually transmitted infections prophylaxis, where medically appropriate. Observations revealed medical and mental health staff members maintain secondary materials that document services to residents and these staff are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation.</p> <p data-bbox="242 965 1460 1128">Residents are provided access to an outside victim advocacy agency for services through the New Jersey CASA which includes but is not limited to emotional support and accompaniment through the forensic examination and investigative interviews. The advocate will go to the facility or the hospital to provide services. The center utilizes Rutgers University Hospital for emergency services and SANE. Review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of resident encounters.</p> <p data-bbox="242 1158 1492 1456">115.382 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed residents have unimpeded access to emergency services. The coordinated response plan flow chart provides guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. The full-time Nurse is generally on-call 24/7 as determined by the interview. Interviews with staff from University Hospital stated they have an on-call schedule for SANE staff available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a resident that has been sexually assaulted.</p> <p data-bbox="242 1485 1476 1680">115.382 (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The policy and supportive documents and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff. The facility houses male residents.</p> <p data-bbox="242 1709 1484 1836">University Hospital and Regional medical and mental health staff interviewed indicated that part of the services provided to victims of sexual abuse includes sexual transmitted infection prophylaxis. The regional medical staff indicated that the facility provides ongoing education about transmitted infections and had a display of pamphlets for resident to take regarding an array of medical topics.</p> <p data-bbox="242 1865 1444 1926">Based upon the review of policies, interview with the medical, mental health staff and interviews with staff the facility is in compliance with this standard.</p> |

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| 115.383 | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Pre-Audit Questionnaire</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>New Jersey Administrative Code</p> <p>Medical-Mental Health Provider List</p> <p>Consent Form</p> <p>115.38 (a): NJJC ED:01.02 policy requires that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>115.383 (b): Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The policy states that follow-up services will be provided. The policy also includes the family in supporting the resident.</p> <p>115.383 (c): Based on interviews with the medical and mental health staff the facility shall provide victims with medical and mental health services consistent with the community level of care.</p> <p>115.383 (d): Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The medical nurse indicated that victims would be offered these services while at the Rutgers University Hospital and follow up services when they return to the center.</p> <p>115.383 (e) The center houses male residents.</p> <p>115.383 (f) The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.</p> <p>115.383 (g) All treatment services will be provided at no cost to the victim, according to NJJC policy and staff interviews.</p> <p>115.383 (h) RSC conducts a mental health evaluation of all known Resident -on- resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment.</p> <p>Based on a review of the PREA policies, and interviews with the mental health staff, medical staff, PREA coordinator, facility superintendent.</p> |

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| 115.386 | <b>Sexual abuse incident reviews</b>   |
|         | <p data-bbox="240 143 740 172"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="240 418 948 448">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 477 622 506">Incident Review Team documentation</p> <p data-bbox="240 535 1493 860">115.386 (a): NJJC Policy ED:01.02 PREA require an incident review team meeting within 30 days of the conclusion of each investigation. The policy mandates review team is appointed by the agency head and is comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The team shall prepare a report of its findings that shall include determination of the need for policy changes, group dynamics and physical barriers, staffing levels and whether the need for monitoring technology should be deployed or augmented to supplement staff. The report shall be submitted to the Superintendent and to the facilities PREA compliance manager for review and implementation of any determinations. The Agency Head or designee shall document the Commission's response to the report which shall include the extent to which and why the report's recommendations have or have not been implemented. The team would review any motivation for the incident, would examine the area where the incident occurred, assess staffing and supervision, and review the incident itself.</p> <p data-bbox="240 891 1461 949">115.386 (b): The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation. There has been no allegation of sexual abuse that required an incident review team report.</p> <p data-bbox="240 981 1422 1039">115.386 (c): Policy identifies the incident review team members as administrators with input from line supervisors, investigators, medical staff, and Counselors. The interview with the Superintendent confirmed the Policy requirements.</p> <p data-bbox="240 1070 730 1099">115.386 (d): The committee review the following:</p> <ol data-bbox="240 1131 1485 1644" style="list-style-type: none"> <li data-bbox="240 1131 1485 1189">1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li> <li data-bbox="240 1220 1469 1317">(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</li> <li data-bbox="240 1348 1485 1406">(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li data-bbox="240 1438 1007 1467">(4) Assess the adequacy of staffing levels in that area during different shifts.</li> <li data-bbox="240 1498 1417 1527">(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</li> <li data-bbox="240 1559 1485 1644">(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</li> </ol> <p data-bbox="240 1675 1493 1771">115.386 (e): The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. A corrective action plan is implemented in cases of finding by the incident review team. There has been no sexual abuse allegation in the last PREA cycle. The incident review team corrective action plan was completed and documented.</p> <p data-bbox="240 1803 1458 1861">Compliance was determined by review of the Incident Review Team memorandum, policy and interviews with the incident review team members, facility superintendent and PREA compliance manager.</p> |



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| 115.387 | <p data-bbox="229 69 1509 1207"><b>Data collection</b></p> <p data-bbox="229 1207 1509 1317"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 1317 1509 1373"><b>Auditor Discussion</b></p> <p data-bbox="229 1373 1509 1451">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 1451 1509 1507">NJJC Website AYFS 2021</p> <p data-bbox="229 1507 1509 1563">Annual PREA Report - Final</p> <p data-bbox="229 1563 1509 1821">115.387 (a): A review of reports confirm that NJJC collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for NJJC facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). NJJC maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by NJJC. NJJC aggregates the sexual abuse data which culminates into an annual report. The agency provides DOJ with data as requested.</p> <p data-bbox="229 1821 1509 1877">115.387 (b): The facility collects and maintains data in accordance with directives by NJJC. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.</p> <p data-bbox="229 1877 1509 1933">115.387 (c): The format used for NJJC facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ).</p> <p data-bbox="229 1933 1509 1989">115.387 (d): The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with Policy directives</p> <p data-bbox="229 1989 1509 2045">115.387 (e): RSC does not contract with other facilities to house residents.</p> <p data-bbox="229 2045 1509 2123">115.387 (f): NCCJ policy mandates that upon request, NJJC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year. Compliance was determined by reviewing data collections for preceding two years, review of NJJC Policies and interview with the PREA coordinator, facility administrator and NJJC agency head.</p> |
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| 115.388 | <p><b>Data review for corrective action</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA) PREA</p> <p>Data (Annual Report) 2020</p> <p>Pre-Audit Questionnaire</p> <p>Annual Reports 2016-2020</p> <p>115.388 (a): Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA) requires reports and annual PREA assessments are to review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by taking corrective action on an ongoing basis. Further to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. A review of the annual report for this audit cycle determined there were no allegations of sexual abuse or sexual harassment in this cycle.</p> <p>115.388 (b): A review of the annual reports for the last 3 years included a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. Northern Regional Independent and Reentry Success Center report is approved by the agency head and made readily available to the public through its website.</p> <p>115.388 (c): The annual report is reviewed by PREA coordinator, his supervisor and agency administrative staff and signed by the Agency Head. Compliance was determined by the PREA policy and website review.</p> <p>115.388 (d): Policy indicates that all information that is placed on the website will not include personal identifies. The annual report has been reviewed and the report is accessible to the public through the facility's website. There are no personal identifiers on the annual report.</p> <p>Compliance was determined by reviewing data collections for preceding three years and review of NJJC website</p> |
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| 115.389 | <b>Data storage, publication, and destruction</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Pre-Audit Questionnaire</p> <p data-bbox="229 416 1509 479">NJJC Policy ED:01.02 Prison Rape Elimination Act</p> <p data-bbox="229 479 1509 542">Annual Reports</p> <p data-bbox="229 542 1509 748">115.389 (a)(b)(c)(d): NJJC Policy ED:01.02 PREA requires the collection of data through the NJJC for every allegation of sexual misconduct which occurs in its state-operated residential facilities. All collected data is maintained for a ten-year period as required by the State of New Jersey's records and retention schedule. According to the Policy, the aggregated sexual abuse data will be readily available to the public through the agency's website; the practice is that the report is posted on the agency's website. A review of the annual report verified there are no personal identifiers, and it was observed posted on the website, as required. Related documentation in the facility was observed to be securely stored.</p> <p data-bbox="229 748 1509 799">Compliance was determined by reviewing data collections for preceding three years and review of NJJC website.</p> |

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| 115.401 | <b>Frequency and scope of audits</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="244 360 485 387">Pre-Audit Questionnaire</p> <p data-bbox="244 416 1474 477">Since August 20, 2013, NJJC has ensured one-third of all operated juvenile centers have been audited as evidenced by the Final Audit reports provided on the Agency’s website.</p> <p data-bbox="244 506 1469 669">The Auditor was provided complete access to the facility and observed all areas of the facility’s buildings and grounds. Additionally, all relevant documents were provided upon request. The facility made space available for private staff and resident interviews. Residents were provided information on the “Notice of the Auditor’s Onsite Visit” regarding how to send confidential information to the Auditor (none were received). The postings were visible throughout the tour. The facility provided me documentation of posting on June 19, 2022</p> <p data-bbox="244 698 1378 725">Compliance was determined by reviewing data collections for preceding three years and review of NJJC website.</p> |

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| 115.403 | <b>Audit contents and findings</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>A review of the NJJC's website revealed PREA Audit Reports dating back to 2014 through 2018 are posted and can be downloaded.</p> <p>This facility was previously audited March 16, 2016, and March 1, 2019. The Auditor confirmed the audit report was posted on the agency's website as is the practice with the facility. This audit onsite audit was conducted on August 1, 2022. The final report was sent to the PREA coordinator on August 31, 2022. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility policies and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation, interviews with staff, residents, and observations.</p> |

| <b>Appendix: Provision Findings</b> |   |     |
|-------------------------------------|---|-----|
| <b>115.311 (a)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  | yes |
|                                     | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?   | yes |
| <b>115.311 (b)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?  | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?  | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  | yes |
| <b>115.311 (c)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)   | yes |
|                                     | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)   | yes |
| <b>115.312 (a)</b>                  | <b>Contracting with other entities for the confinement of residents</b>   |     |
|                                     | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na  |
| <b>115.312 (b)</b>                  | <b>Contracting with other entities for the confinement of residents</b>   |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)   | na  |

| 115.313 (a) | <b>Supervision and monitoring</b>  |     |
|-------------|--|-----|
|             | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  | yes |
|             | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  | yes |
|             | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  | yes |

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| <b>115.313 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                    | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?   | yes |
|                    | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)  | na  |
| <b>115.313 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                    | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)   | yes |
|                    | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  | yes |
|                    | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  | yes |
|                    | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  | yes |
|                    | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?   | yes |
| <b>115.313 (d)</b> | <b>Supervision and monitoring</b>   |     |
|                    | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?                     | yes |
|                    | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  | yes |
|                    | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?     | yes |
|                    | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| <b>115.313 (e)</b> | <b>Supervision and monitoring</b>   |     |
|                    | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )            | yes |
|                    | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )  | yes |
|                    | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )  | yes |
| <b>115.315 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?   | yes |
| <b>115.315 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?   | yes |



|                    |   |     |
|--------------------|---|-----|
| <b>115.315 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  | yes |
|                    | Does the facility document all cross-gender pat-down searches?  | yes |
| <b>115.315 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?            | yes |
|                    | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  | yes |
|                    | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |
| <b>115.315 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  | yes |
|                    | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?                                     | yes |
| <b>115.315 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |
|                    | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |

| 115.316 (a) | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|-------------|---|-----|
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?                          | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?                         | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?                       | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?                        | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?                             | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
|             | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?   | yes |
|             | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  | yes |
|             | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  | yes |
|             | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?   | yes |
|             | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?  | yes |
| 115.316 (b) | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|             | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?   | yes |
|             | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  | yes |

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| <b>115.316 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                    | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |
| <b>115.317 (a)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?  | yes |
|                    | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  | yes |
|                    | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?                             | yes |
|                    | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?  | yes |
| <b>115.317 (b)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  | yes |
| <b>115.317 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?   | yes |
|                    | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?   | yes |
|                    | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?                             | yes |
| <b>115.317 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?   | yes |
|                    | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?   | yes |

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|--------------------|---|-----|
| <b>115.317 (e)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  | yes |
| <b>115.317 (f)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  | yes |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?   | yes |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  | yes |
| <b>115.317 (g)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?   | yes |
| <b>115.317 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  | yes |
| <b>115.318 (a)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                    | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na  |
| <b>115.318 (b)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)           | yes |
| <b>115.321 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.321 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. ) | yes |
| <b>115.321 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?   | yes |
|                    | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  | yes |
|                    | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  | yes |
|                    | Has the agency documented its efforts to provide SAFEs or SANEs?  | yes |
| <b>115.321 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  | yes |
|                    | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  | yes |
|                    | Has the agency documented its efforts to secure services from rape crisis centers?  | yes |
| <b>115.321 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?   | yes |
|                    | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  | yes |
| <b>115.321 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)  | yes |
| <b>115.321 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.322 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  | yes |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?   | yes |
| <b>115.322 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
|                    | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?   | yes |
|                    | Does the agency document all such referrals?  | yes |
| <b>115.322 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))              | yes |
| <b>115.331 (a)</b> | <b>Employee training</b>  |     |
|                    | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment   | yes |
|                    | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?                                     | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  | yes |

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| <b>115.331 (b)</b> | <b>Employee training</b>  |     |
|                    | Is such training tailored to the unique needs and attributes of residents of juvenile facilities?   | yes |
|                    | Is such training tailored to the gender of the residents at the employee's facility?  | yes |
|                    | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?   | yes |
| <b>115.331 (c)</b> | <b>Employee training</b>  |     |
|                    | Have all current employees who may have contact with residents received such training?  | yes |
|                    | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  | yes |
|                    | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  | yes |
| <b>115.331 (d)</b> | <b>Employee training</b>  |     |
|                    | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.332 (a)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.332 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.332 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.333 (a)</b> | <b>Resident education</b>   |     |
|                    | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?   | yes |
|                    | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  | yes |
|                    | Is this information presented in an age-appropriate fashion?  | yes |

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| <b>115.333 (b)</b> | <b>Resident education</b>   |     |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  | yes |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  | yes |
| <b>115.333 (c)</b> | <b>Resident education</b>   |     |
|                    | Have all residents received such education?   | yes |
|                    | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  | yes |
| <b>115.333 (d)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?   | yes |
| <b>115.333 (e)</b> | <b>Resident education</b>   |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?   | yes |
| <b>115.333 (f)</b> | <b>Resident education</b>   |     |
|                    | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?   | yes |
| <b>115.334 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |



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| <b>115.334 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
|                    | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
|                    | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
|                    | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
| <b>115.334 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
| <b>115.335 (a)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                                    | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)               | yes |
| <b>115.335 (b)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  | na  |
| <b>115.335 (c)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | yes |

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| <b>115.335 (d)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   | yes |
|                    | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| <b>115.341 (a)</b> | <b>Obtaining information from residents</b>   |     |
|                    | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?   | yes |
|                    | Does the agency also obtain this information periodically throughout a resident's confinement?  | yes |
| <b>115.341 (b)</b> | <b>Obtaining information from residents</b>   |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument?   | yes |
| <b>115.341 (c)</b> | <b>Obtaining information from residents</b>   |     |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?                   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?                     | yes |

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| <b>115.341 (d)</b> | <b>Obtaining information from residents</b>  |     |
|                    | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?   | yes |
|                    | Is this information ascertained: During classification assessments?  | yes |
|                    | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  | yes |
| <b>115.341 (e)</b> | <b>Obtaining information from residents</b>  |     |
|                    | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| <b>115.342 (a)</b> | <b>Placement of residents</b>  |     |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?   | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  | yes |
| <b>115.342 (b)</b> | <b>Placement of residents</b>  |     |
|                    | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?                                      | yes |
|                    | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?   | yes |
|                    | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  | yes |
|                    | Do residents in isolation receive daily visits from a medical or mental health care clinician?   | yes |
|                    | Do residents also have access to other programs and work opportunities to the extent possible?   | yes |

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| <b>115.342 (c)</b> | <b>Placement of residents</b>  |     |
|                    | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?   | yes |
|                    | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  | yes |
|                    | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?   | yes |
|                    | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?   | yes |
| <b>115.342 (d)</b> | <b>Placement of residents</b>  |     |
|                    | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|                    | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?   | yes |
| <b>115.342 (e)</b> | <b>Placement of residents</b>  |     |
|                    | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?   | yes |
| <b>115.342 (f)</b> | <b>Placement of residents</b>  |     |
|                    | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  | yes |
| <b>115.342 (g)</b> | <b>Placement of residents</b>  |     |
|                    | Are transgender and intersex residents given the opportunity to shower separately from other residents?  | yes |
| <b>115.342 (h)</b> | <b>Placement of residents</b>  |     |
|                    | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  | na  |
|                    | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)   | na  |
| <b>115.342 (i)</b> | <b>Placement of residents</b>  |     |
|                    | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?   | yes |

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| <b>115.351 (a)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?   | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  | yes |
| <b>115.351 (b)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  | yes |
|                    | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?   | yes |
|                    | Does that private entity or office allow the resident to remain anonymous upon request?  | yes |
|                    | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  | yes |
| <b>115.351 (c)</b> | <b>Resident reporting</b>  |     |
|                    | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  | yes |
|                    | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?   | yes |
| <b>115.351 (d)</b> | <b>Resident reporting</b>  |     |
|                    | Does the facility provide residents with access to tools necessary to make a written report?   | yes |
| <b>115.351 (e)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  | yes |
| <b>115.352 (a)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| <b>115.352 (b)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  | yes |
|                    | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)   | yes |

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| <b>115.352 (c)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  | yes |
|                    | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.352 (d)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  | yes |
|                    | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  | yes |
|                    | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.352 (e)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
|                    | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  | yes |
|                    | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)   | yes |
|                    | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)   | yes |

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| <b>115.352 (f)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|                    | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.352 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.353 (a)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?                 | yes |
|                    | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?   | yes |
|                    | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  | yes |
| <b>115.353 (b)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  | yes |
| <b>115.353 (c)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  | yes |
|                    | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  | yes |

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| <b>115.353 (d)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?   | yes |
|                    | Does the facility provide residents with reasonable access to parents or legal guardians?   | yes |
| <b>115.354 (a)</b> | <b>Third-party reporting</b>  |     |
|                    | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?   | yes |
|                    | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  | yes |
| <b>115.361 (a)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?   | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?   | yes |
| <b>115.361 (b)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?   | yes |
| <b>115.361 (c)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.361 (d)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?   | yes |
|                    | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |



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| <b>115.361 (e)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?   | yes |
|                    | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?                                   | yes |
|                    | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | yes |
|                    | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?   | yes |
| <b>115.361 (f)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?   | yes |
| <b>115.362 (a)</b> | <b>Agency protection duties</b>  |     |
|                    | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?   | yes |
| <b>115.363 (a)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  | yes |
|                    | Does the head of the facility that received the allegation also notify the appropriate investigative agency?   | yes |
| <b>115.363 (b)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  | yes |
| <b>115.363 (c)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Does the agency document that it has provided such notification?   | yes |
| <b>115.363 (d)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?   | yes |

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| <b>115.364 (a)</b> | <b>Staff first responder duties</b>  |     |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?   | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?     | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.364 (b)</b> | <b>Staff first responder duties</b>  |     |
|                    | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?   | yes |
| <b>115.365 (a)</b> | <b>Coordinated response</b>  |     |
|                    | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  | yes |
| <b>115.366 (a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |     |
|                    | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?                           | yes |
| <b>115.367 (a)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?   | yes |
|                    | Has the agency designated which staff members or departments are charged with monitoring retaliation?  | yes |
| <b>115.367 (b)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  | yes |

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| <b>115.367 (c)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?          | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  | yes |
| <b>115.367 (d)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?   | yes |
| <b>115.367 (e)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?   | yes |
| <b>115.368 (a)</b> | <b>Post-allegation protective custody</b>   |     |
|                    | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?   | yes |
| <b>115.371 (a)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)  | yes |
|                    | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)   | yes |

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| <b>115.371 (b)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?   | yes |
| <b>115.371 (c)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  | yes |
|                    | Do investigators interview alleged victims, suspected perpetrators, and witnesses?  | yes |
|                    | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?   | yes |
| <b>115.371 (d)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  | yes |
| <b>115.371 (e)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?                                      | yes |
| <b>115.371 (f)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  | yes |
|                    | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?   | yes |
| <b>115.371 (g)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  | yes |
|                    | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?   | yes |
| <b>115.371 (h)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  | yes |
| <b>115.371 (i)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  | yes |
| <b>115.371 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| <b>115.371 (k)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?  | yes |

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| <b>115.371 (m)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
| <b>115.372 (a)</b> | <b>Evidentiary standard for administrative investigations</b>  |     |
|                    | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?   | yes |
| <b>115.373 (a)</b> | <b>Reporting to residents</b>  |     |
|                    | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?   | yes |
| <b>115.373 (b)</b> | <b>Reporting to residents</b>  |     |
|                    | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)   | yes |
| <b>115.373 (c)</b> | <b>Reporting to residents</b>  |     |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.373 (d)</b> | <b>Reporting to residents</b>  |     |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?   | yes |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  | yes |
| <b>115.373 (e)</b> | <b>Reporting to residents</b>  |     |
|                    | Does the agency document all such notifications or attempted notifications?  | yes |

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| <b>115.376 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.376 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.376 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.376 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?  | yes |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?   | yes |
| <b>115.377 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  | yes |
| <b>115.377 (b)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  | yes |
| <b>115.378 (a)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  | yes |

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| <b>115.378 (b)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?   | yes |
|                    | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?   | yes |
|                    | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  | yes |
|                    | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  | yes |
|                    | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  | yes |
| <b>115.378 (c)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?   | yes |
| <b>115.378 (d)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?   | yes |
|                    | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  | yes |
| <b>115.378 (e)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  | yes |
| <b>115.378 (f)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?                        | yes |
| <b>115.378 (g)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)   | yes |
| <b>115.381 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| <b>115.381 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?               | yes |

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| <b>115.381 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| <b>115.381 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?   | yes |
| <b>115.382 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?   | yes |
| <b>115.382 (b)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?   | yes |
|                    | Do staff first responders immediately notify the appropriate medical and mental health practitioners?   | yes |
| <b>115.382 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  | yes |
| <b>115.382 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.383 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  | yes |
| <b>115.383 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  | yes |
| <b>115.383 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care?   | yes |
| <b>115.383 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  | na  |



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| <b>115.383 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)                                 | na  |
| <b>115.383 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.383 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.383 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  | yes |
| <b>115.386 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?   | yes |
| <b>115.386 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.386 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |
| <b>115.386 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   | yes |
|                    | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
|                    | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  | yes |
|                    | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  | yes |
|                    | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  | yes |
|                    | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?    | yes |
| <b>115.386 (e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |
| <b>115.387 (a)</b> | <b>Data collection</b>  |     |
|                    | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  | yes |

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| <b>115.387 (b)</b> | <b>Data collection</b>  |     |
|                    | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.387 (c)</b> | <b>Data collection</b>  |     |
|                    | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  | yes |
| <b>115.387 (d)</b> | <b>Data collection</b>  |     |
|                    | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  | yes |
| <b>115.387 (e)</b> | <b>Data collection</b>  |     |
|                    | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  | na  |
| <b>115.387 (f)</b> | <b>Data collection</b>  |     |
|                    | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  | na  |
| <b>115.388 (a)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?   | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| <b>115.388 (b)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?   | yes |
| <b>115.388 (c)</b> | <b>Data review for corrective action</b>  |     |
|                    | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  | yes |
| <b>115.388 (d)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?   | yes |
| <b>115.389 (a)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.387 are securely retained?   | yes |

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| <b>115.389 (b)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?   | yes |
| <b>115.389 (c)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.389 (d)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)   | yes |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)   | yes |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)   | na  |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)  | na  |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?  | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?   | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?   | yes |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |